



ARBITRATION FORM

Terminal (Please tick)	ATM <input type="checkbox"/> POS <input type="checkbox"/> WEB <input type="checkbox"/> OTHERS <input type="checkbox"/>
Reporting Location (Branch code)	
Reporting Officer's Name	
Reporting Officer's GSM	
Name on Card (if any)	
Account Number	
Customer's phone	
Customer's Email	
Card Number (First 6 digits)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Card Number (Last 4 digits)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Transaction Amount	
Transaction Date (dd/mm/yyyy)	
Transaction Time (hr:min:sec)	
ATM/POS Terminal Owner & Location	
Complaint Description	
Reporting Date & Customer's Signature	