

Applicant Name: _____ Date: ___ / ___ / 20___

Full address: _____

Phone No.: _____

e-Mail: _____

Account No.: _____

Card No.:

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The Service Centre Manager
National Bank of Malawi
_____ Service Centre

Dear Sir/Madam

ATM, CARDLESS WITHDRAWAL OR POS TRANSACTIONS – CLAIM FOR A REFUND

ATM - VISA CARD TRANSACTION (Please tick if appropriate)

I advise that I tried to withdraw MK _____ from ATM but cash was not dispensed though my account was debited.

- Name of bank where transaction happened is _____
- Branch/Service Centre of the ATM is _____
- Date of transaction was ___ / ___ / 20___

ATM – CARDLESS WITHDRAWAL TRANSACTION (Please tick if appropriate)

I advise that I tried to withdraw MK _____ at NBM’s ATM located at _____ but cash was not dispensed though my account was debited.

- My Mobile Number is _____
- The Token Recipient’s Mobile Phone number was _____
- Date of transaction was ___ / ___ / 20___

Type of Claim (Please Tick) <input type="checkbox"/> Failed Transaction Fee(s) Only <input type="checkbox"/> Transaction Amount(s) Only <input type="checkbox"/> Both Transaction Fee(s) & Amount

POS TRANSACTION (Please tick if appropriate)

(a) I advise that I made a transaction at _____ (Merchant) of MK _____ on ___ / ___ / 20___ but the transaction failed and I paid cash/cheque. However, I have noted that my account was debited with the same amount.

(b) I made two attempts at _____ POS of MK _____ on ___ / ___ / 20___ but only one transaction was successful however my account was debited twice.

(c) Other _____

Applicant signature: _____

***Please note that your account will be credited within five (5) working days to allow for investigation. Claims should be within 120 days from transaction date.**

Bank Officials (Signatures)

Supervisor: _____

Manager: _____