



SEAP Microfinance Bank Limited Rc1108836

NOTE! Use only one form for a single ATM transaction dispute/dispense error

Date:

ACCOUNT NO:.....

CUSTOMER NAME;.....

TEL NO:.....

NAME OF BANK WHERE ATM WAS USED AND LOCATION:.....

Dear Sir,

RE- ATM DISPENSE ERROR REQUEST FOR REIMBURSEMENT

The information request below shows the transaction details of our cardholder(s) that experienced ATM cash dispense error while carrying out cash transactions.

| | |
|---|--|
| Card Number (Masked PAN) | |
| Transaction Type (ATM/Transfer/POS) | |
| Date of Transaction dd-mm-yy | |
| Time of Transaction hh:mm | |
| Amount | |
| Is there a receipt for the transaction? | YES <input type="checkbox"/> NO <input type="checkbox"/> |

I understand and accept that ATM Dispense error reversal may take up to 10 working days before posting is effected. Yours faithfully,

CUSTOMER'S SIGNATURE.....

BANK OFFICIAL USE ONLY

For: SEAP MICROFINANCE BANK LIMITED

CUSTOMER SERVICE CONFIRMATION

.....
HEAD OF I.T Department

.....

ATTN: BACK OFFICE OPERATIONS UNIT

AS PER THE ATTACHED, KINDLY PASS THE FOLLOWING ENTRIES:

| REFERENCE NUMBER | TERMINAL ID |
|------------------|-------------|
| | |

| DR | CR | AMOUNT | CHARGES |
|----|----|--------|---------|
| | | | |

Being reversal of wrong debit entry passed on the account via ATM/POS TRANSACTION performed.