গ্লোবাল ইসলামী ব্যাংক
غلوبل إسلامي بنك Global Islami Bank

I-BANKING/APPS TRANSACTION DISPUTE FORM

Application Date	
Bank A/C No.	
A/C Holder Name	E-mail
Branch Name	Registered Mobile No.

Transaction Type		
☐ EFT	☐ NPSB	☐ Fund Transfer in GIB A/C
☐ MFS	☐ Other Bank Credit Card payment	☐ GIB Credit Card payment
☐ Top-Up	☐ Bill payment	☐ Fund Transfer in Own A/C

Receiver Bank Name	
Transaction Date	Transaction Time ☐ AM ☐ PM
Short Description (Optional)	• **Include Receiver Name** • **Receiver A/C Number** • **Card Number** • **Bill No./Bill Amount/Company** • **Top up operator/Recharge amount**

***More information will make the process faster.

Disputed Transaction Amount	
Amount In word	

☐ I hereby acknowledged that the following timeline might be required to resolved the above dispute:
- 7 working days

_____
A/C holder Signature

OFFICE USE ONLY

Case ID	Date
Approval Code/ Ref. Number	

_____ _____ _____
Checked By Verified By Credited By