

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)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
Card Number (Last 4 digits)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
Transaction Amount							
Transaction Date (dd/mm/yyyy)							
Transaction Time (hr:min:sec)							
ATM/POS Terminal Owner & Location							
Complaint Description							
Reporting Date & Customer's Signature							

