



Date: \_\_\_\_\_

## ATM DISPUTE FORM

**TO:** ATM UNIT

Agib Bank Ltd, Cards Product Unit,  
P O Box 1415, Becca Plaza –Banjul

Kindly fill in this form completely if you are disputing the transaction(s) posted on your statement. Your duly filled and signed form must be sent to us by mail to [atmdispute@agib.gm](mailto:atmdispute@agib.gm) or delivered to any of our branches along with all the supporting documentation. All disputes should be reported to the Bank within 30 days from the transaction(s) date. After the lapse of 30 days from your transaction date, it will be construed that all transactions posted in the statement are acceptable and are in order.

<b>Account Number :</b>				
<b>Card Number :</b>				
<b>Customer Name :</b>				
	<u>Transaction Date</u>	<u>Bank Name /ATM Location</u>	<u>Time of Withdrawal/Transaction</u>	<u>Transaction Amount</u>
1 .				
2 .				
3 .				

Tick the appropriate box:

Cash was not dispensed, but my/our account was debited.

Part of the amount was dispensed.      **Amount Requested**

**Amount Received**

Did not perform the above transaction(s). At the time of this transaction(s) the card and the PIN was with me.

(I/We declare that none of the transactions listed above were made by me or by anyone acting upon my authority or with my consent or knowledge. Neither I nor any of the additional cardholders assigned to the account authorized or participated in all transactions disputed or received any benefit directly or indirectly from disputed transactions. I confirm that at the time of the disputed transaction/s the originally issued card was in my possession).

Comments (if any): \_\_\_\_\_



# Agib Bank Ltd

I Hereby accept and agree to the following:

<b>a.</b>	The Bank has the authority to involve the competent law enforcement authorities in this investigation if required. Further I endorse that I shall stand by the truth of this statement for subsequent legal enquiries by the Bank/law enforcement agencies (if required).
<b>b.</b>	Should the Bank's records and investigations conclude that any of the transaction (s) listed above was / were conducted by me or with my knowledge/authority, <b>I hereby authorize the Bank to debit my account with:</b> - <b>D 150.00 for each claim reported above</b> - Any interim credit provided by the bank pending completion of investigations - <b>I understand that the investigation may take 30 days or more for resolution</b>
<b>c.</b>	I hereby confirm that the above facts are true to the best of my knowledge, information and belief.
<b>d.</b>	I authorize you to disclose to the police, details of any of the disputed transactions carried out on my account in order to allow them to pursue their investigations. I understand that any statements made by me may be used in court or as part of litigation proceedings.

**A**ddress: \_\_\_\_\_

**E**mail: \_\_\_\_\_

**C**ontact: - (Mobile) \_\_\_\_\_

**O**ffice: \_\_\_\_\_ **F**ax: \_\_\_\_\_

Customer Signature:-

.....  
**FOR BANK USE ONLY:-**

Received by (**Staff Name**): \_\_\_\_\_

Date/Time: \_\_\_\_\_

Case Resolved: \_\_\_\_\_