

GoPayz Service ("GoPayz") Dispute Form

I am disputing the following transaction(s) debited to my GoPayz Account:

Transaction Date:	Merchant Name :	Transaction Amount :
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dispute Reason(s)

Please tick (v) where appropriate.

I require a copy of the sales draft / transaction receipt for my records*.

1. Incorrect Amount

I did incur RM _____ on _____ (date) but not for the above amount – enclosed is a copy of my transaction receipt that I authorised.

2. Duplicate Billing

I was charged _____ times for the same transaction – enclosed is a copy of the transaction receipt that I authorised.

3. Unauthorised Transaction

I have not authorised or participated in the transaction(s) or internet transaction(s) listed above.

4. Refund / Credit Not Processed

I have yet to receive the refund for the above amount - enclosed is the credit slip provided by the said merchant.

5. Cancellation of Merchandise / Subscription / Flights

I have duly notified the above merchant to cancel my daily / weekly / monthly / recurring deduction via my letter / e-mail** dated _____ (date) and yet I am still billed for this transaction - enclosed is a copy of my cancellation notification and acknowledgement by the above merchant for your reference.

6. Cancellation of Hotel Reservation

I cancelled my hotel reservation on _____ (date) at _____ (time). The cancellation number/code is _____ - enclosed a copy of the reservation cancellation notice addressed to the merchant.

7. Paid by Other Means

I have paid the transaction by cash/another payment card - enclosed is the transaction receipt/proof of payment by other means.

8. Non-Receipt of Goods/Services

I have yet to receive the merchandise / services under the said transaction. The expected delivery / service date was _____ - enclosed documents showing the expected service or delivery date.

9. Other Dispute – Please specify: _____

* fees/charges applicable ** delete where inapplicable

Declaration:

- I understand that the Dispute Form must be submitted to U Mobile Services Sdn Bhd ("UMS") within fourteen (14) days from the date of the transaction(s), failing which I will be liable for the mentioned transaction(s).
- I declare that the information above is true and correct to my knowledge. I understand that I can be held liable for all charges incurred if the dispute raised by me is found to be invalid. I agree to indemnify UMS against all costs, expenses and charges that UMS may incur in the verification process of the disputed transactions.
- I agree that I shall be liable for all transaction(s) above, in the event the verification made by UMS reveal that the transaction(s) was (were) accurate, genuine and properly authorised by me.

Cardholder Name : _____

Cardholder's Signature : _____

Mobile No. : _____

GoPayz Card Number : _____

Date : _____