

AL-HAYAT MICROFINANCE BANK LIMITED

COMPLAIN, REQUEST/APPLICATION FORM

(Linking/De-linking, Deactivation, ATM/POS Dispense Error, Reimbursement)

Account Name:

Account Number:

--	--	--	--	--	--	--	--	--	--

Card Type:

MasterCard		Verve	
------------	--	-------	--

Nature of application/request *(please fill only the required section(s))*

ATM/POS Dispense Error: Request for Reimbursement

Card Number:

ATM bank used:

Account Number:

--	--	--	--	--	--	--	--	--	--

ATM Location:

Transaction Type:

Reimbursement Amount:

Is there receipt for the transaction?

☐

Yes

☐

No

(if yes, kindly attached copy of receipt)

Authorized Signatory:.....

Date/Time of Transaction:

Deactivation

Kindly mark boxes to be deactivated and leave boxes not applicable

Debit Card

☐

Credit Card

☐

Internet Banking

☐

E-Statement

☐

Mobile Banking

☐

E-mail Alert

☐

Card Error Message if Any

State reason for deactivation:

Card re-issuance:

☐

Yes

☐

No

Authorized Signatory:.....

Date:

FOR OFFICIAL USE ONLY