

Applicant Name: _____ Date: ___ / ___ / 20___
Full address: _____
Phone No.: _____
e-Mail: _____
Account No.: _____
Card No.: _____

The Service Centre Manager
National Bank of Malawi
_____ Service Centre

Dear Sir/Madam

ATM, CARDLESS WITHDRAWAL OR POS TRANSACTIONS – CLAIM FOR A REFUND

ATM - VISA CARD TRANSACTION (Please tick if appropriate)

I advise that I tried to withdraw MK _____ from ATM but cash was not dispensed though my account was debited.

- My Visa Card Number is _____
- Name of bank where transaction happened is _____
- Branch/Service Centre of the ATM is _____
- Date of transaction was ___ / ___ / 20___

ATM – CARDLESS WITHDRAWAL TRANSACTION (Please tick if appropriate)

I advise that I tried to withdraw MK _____ at NBM's ATM located at _____ but cash was not dispensed though my account was debited.

- My Mobile Number is _____
- The Token Recipient's Mobile Phone number was _____
- Date of transaction was ___ / ___ / 20___

Type of Claim (Please Tick) <input type="checkbox"/> Failed Transaction Fees Only <input type="checkbox"/> Transaction Amounts Only <input type="checkbox"/> Both Transaction Fees & Amount

POS TRANSACTION (Please tick if appropriate)

- (a) I advise that I made a transaction at _____ (Merchant) of MK _____ on ___ / ___ / 20___ but the transaction failed and I paid cash/cheque. However, I have noted that my account was debited with the same amount.
- (b) I made two attempts at _____ POS of MK _____ on ___ / ___ / 20___ but only one transaction was successful however my account was debited twice.
- (c) Other _____

Applicant signature: _____

***Please note that your account will be credited within five (5) working days to allow for investigation. Claims should be within 120 days from transaction date and MUST be accompanied by a receipt issued at any Bank ATM/POS machine.**

Bank Officials (Signatures)

Supervisor: _____

Manager: _____