

DIAMOND CASH



ATM UNDER DISPENCE

TO:

Attention	Charge back Department
Fax:	011 319 2760
Date	
Number of pages	

CLIENT INFORMATION

Name & Surname	
Card Number	
Employer	
Contact number	

UNDER DISPENCE ATM WITHDRAWAL

DATE	ATM	AMOUNT REQUESTED	AMOUNT RECEIVED

Please attend to the above-mentioned ATM transaction. The amount received from the ATM was not equal to the withdrawal amount requested. I enclose my ATM receipt as reference to this transaction.

Date: _____ Client signature: _____

Please note: Every attempt will be made by Diamond Cash to resolve your transaction dispute without delay. We apologise for any inconvenience this transaction may have caused you, and thank you for your continued and valued support.

For office use:

<i>Date received:</i>	<i>Date initiated:</i>
<i>SASWITCH roll requested:</i>	<i>Date acc. Rectified:</i>
<i>Surname & Signature:</i>	