

Payment Not Credited Claim Form

	Date:																			
Customer Name																				
Card Holder Name																				
Credit Card Number																				

Card Type: Primary Supplementary *(Please select the appropriate box)*

To
 The Manager
 Aseel Islamic Finance
 Branch: _____
 U.A.E

Dear Sir/Madam,
 I/We confirm that I/We have deposited credit card payment at the below mentioned Exchange House. However, the same has not been credited to my/our account. I/we hereby request you to investigate and credit the same to my/our account at the earliest:

Transaction Date																			
Exchange House																			
Branch											Emirate								
Receipt Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No																		
Amount Paid	AED:																		

I/We hereby indemnify to bear against any loss that may be incurred due to erroneous / wrong claim and hereby authorize Aseel Finance to debit our above account for such loss.

 Primary Cardholder Signature

For Official Use Only:

Signature verified by:
 (CSR name and ID number)

Date:/..... /

Account Credited by.....
 (Maker name and ID number)

Authorized By.....
 (Checker name and ID number)