

Comera Pay – Dispute Form (Multicurrency Card)



Cardholder Details

Card Number (16 Digits)		Is your card with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cardholder Name		Cardholder Email ID	
Proxy Number		Contact Number	

Disputed Transactions

Transaction Date	Transaction Currency & Amount	Merchant Name & Country	Disputed Amount

Reason for Dispute (Select One Only)

Reason	Description
<input type="checkbox"/> Goods/Services Not Received/Rented	Cardholder did not receive goods/services expected on (DD/MM/YY): _____
<input type="checkbox"/> Goods Returned	Goods were not as described or defective and returned to merchant on (DD/MM/YY): _____
<input type="checkbox"/> Cash Not Dispensed	I attempted to withdraw an AED _____ from an ATM; however, the cash was not dispensed, or only a partial amount in AED _____ was received.
<input type="checkbox"/> Cancelled Reservation	Reservation cancelled on (DD/MM/YY): _____ Cancellation Reference: _____
<input type="checkbox"/> Cancelled Recurring Charge / Membership / Subscription	Recurring charge cancelled on (DD/MM/YY) but the card is still charged.
<input type="checkbox"/> Unauthorized / Unrecognized Transaction(s)	No authorization or participation. Card was: <input type="checkbox"/> In possession <input type="checkbox"/> Lost/Stolen on (DD/MM/YY): _____
<input type="checkbox"/> Incorrect Amount / Currency	Amount altered from _____ to _____
<input type="checkbox"/> Duplicate Transaction/Billing	The card was charged more than once for the same authorized transaction.
<input type="checkbox"/> Refund / Credit Not Processed	Credit of AED _____ due on (DD/MM/YY) not processed.
<input type="checkbox"/> Paid by Other Means	Transaction paid via cash / other card / cheque / other: _____
<input type="checkbox"/> Others (please specify)	_____

Declaration

I hereby confirm that all information provided is true and accurate to the best of my knowledge. I understand that once a chargeback is raised, the dispute resolution process may take **45–180 days**. Comera Pay does not guarantee recovery of the disputed amount, as the outcome depends on the merchant bank's investigation and the rules of the Card Association.

Signature:

Date:

Submission Instructions

Email the signed Dispute Form and supporting documents within 30 days of the transaction to help@comerapay.com. See the Appendix below for document details.

Appendix: Supporting Document Requirements

Dispute Reason	Eligibility Criteria	Supporting Documents
Cancelled Recurring Charge / Membership / Subscription	Must meet merchant's cancellation policy. Cardholders must attempt resolution with merchants.	Cancellation notice, proof of attempt (emails, etc.)
Cancelled Reservation	Must meet merchant's cancellation policy and proof of cancellation.	Email confirmation, proof of attempt with merchant
Duplicate Billing	Transactions must have the same date, amount, and merchant name.	Not required
Goods Received but Not as Described / Defective	Must return goods and attempt refund.	Invoice, merchant acknowledgment, tracking proof (if applicable), email correspondence
Goods/Services Not Received	Attempted resolution required. Not valid if cardholder cancelled delivery.	Invoice with delivery date, proof of attempt, proof of merchant closure (if applicable)
Incorrect Amount / Currency	The amount of sales draft must differ from the amount billed.	Invoice showing correct amount
Paid by Other Means	Same merchant and amount across both payments.	Proof of payment (receipt, statement, cheque copy, 3rd party voucher)
Refund / Credit Not Processed	Refund must meet merchant policy (not verbal).	Credit Transaction Receipt, void receipt/cancellation code
Unauthorized / Unrecognized Transaction(s)	The card containing the disputed transaction will be blocked.	As required by investigation