



# TRANSACTION DISPUTE REPORT

Form TDR04-2024

Clients are required to complete this form only for transactions being disputed that were not processed via JMMB Moneyline or using a JMMB Visa Debit Card.

For transactions processed via JMMB Moneyline, kindly complete the [Moneyline Transactions Dispute Form](#).

For transactions processed via JMMB Visa Debit Card, kindly complete the [JMMB Bank Visa Debit Dispute Form](#).

<b>Client's Name:</b>			
<b>Account Name:</b>			
<b>Client's Residential Address:</b>			
<b>Client's Mailing Address (if applicable):</b>			
<b>Client's Telephone No(s):</b>	(c)	(h)	(w)
<b>Client's Email Address(es):</b>			

**DISPUTED TRANSACTIONS**

Please provide full details on disputed transaction(s) on your account(s):

Transaction Date	Transaction Type (e.g. cheque, internal transfer, local or international wire transfer, sale of shares, etc.)	Account No.	Currency	Amount (\$)

<b>REASON FOR DISPUTE</b>	
<b>(Kindly select the appropriate reason(s) and provide copies of account(s) statement and any other supporting documents)</b>	
<input type="checkbox"/>	The transaction <b>amount(s) identified differs</b> from the actual transaction amount(s).
<input type="checkbox"/>	The transaction was processed more times than requested.
<input type="checkbox"/>	The transaction(s) was not initiated or authorized by me.  I did not initiate or authorize the instructions received by JMMB via <input type="checkbox"/> Email <input type="checkbox"/> Signed correspondence <input type="checkbox"/> Verbal Request <input type="checkbox"/> Other
<input type="checkbox"/>	Other reason(s). Kindly specify or provide additional details for the reason(s) selected above, including the name of the person(s) who may have initiated the unauthorized transaction(s).

UNUSUAL ACTIVITY DUE TO EMAIL/DEVICE COMPROMISE			
Have you seen evidence of a possible email/device compromise?	No	Yes	Details
<p>Have you received an alert that you have accessed your email when you haven't or that your email may have been compromised?</p> <p>Please provide details and an image (PRINTED screenshot) of the alert.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Have you received an alert that you have updated your email recovery details when you haven't?</p> <p>Please provide details and an image (PRINTED screenshot) of the alert.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Have your email recovery details been updated (unknown phone number or email address seen)?</p> <p>Please provide details and an image (PRINTED screenshot) of the updated recovery details that is unknown.</p>	<input type="checkbox"/>	<input type="checkbox"/>	

<p>Have you been advised by your contact(s) of emails received that were not sent by you?</p>	<input type="checkbox"/>	<input type="checkbox"/>	
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<b>CLIENT'S DECLARATION AND CONSENT</b>	
<p><b>I certify that (please select the ones that are applicable):</b></p>	
<input type="checkbox"/>	<p>I did not benefit from the transaction(s) listed above.</p>
<input type="checkbox"/>	<p>I did not use my account(s) nor authorize its use by anyone else after I discovered the unauthorized use of my account(s).</p>
<input type="checkbox"/>	<p>I have made available to JMMB Group all knowledge, ideas or suspicions, regarding this claim and the possible identity of the person who initiated the transaction(s) without my authorization. Should any other information concerning this matter come to my attention, I will immediately report the same in writing to JMMB/JMMB Group.</p>
<input type="checkbox"/>	<p>I agree to assist and cooperate fully, without limitation, with any investigation pertaining to this matter whether it is with the JMMB Group Investigators or Police; including testifying as a witness in any hearing proceeding or action brought against the person(s) responsible for the transaction(s).</p>
<input type="checkbox"/>	<p>I give my consent for JMMB Group to use or disclose particulars of this dispute with the Police or other third party agents so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my account(s).</p>



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### Terms and Conditions

JMMB and its clients are bound by the terms and conditions outlined in the **General Terms and Conditions** as well as the terms outlined in the **JMMB Group Instructions Indemnity Form** agreed and signed by the client upon the start of the relationship. This includes JMMB acting on the clients' indemnified instructions submitted via fax, email and phone.

I confirm that the foregoing, and all other statements made by me in connection with this claim, are true and correct and understand that making a false statement is a violation of our laws.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

FOR INTERNAL USE ONLY		
<b>UCIN (Internal Use Only):</b>		
<b>Report Received By:</b>	<b>Signature:</b>	
<b>Date (dd/mm/yy):</b>	<b>Time:</b> _____	<b>Branch/Entity:</b> _____
FOR USE BY BRANCH		
Outcome of investigation:		
<input type="checkbox"/>	The client was reimbursed.  Account credited or shares repurchased on <b>(dd/mm/yy):</b> _____	
<input type="checkbox"/>	A systems issue	
<input type="checkbox"/>	A transaction error	
<input type="checkbox"/>	Reimbursement not applicable	
<input type="checkbox"/>	The issue was determined to be fraudulent (further investigation required by FMIU).	
Additional details (where applicable):  _____  _____  _____  _____  _____		
<b>Investigating Agent:</b>	<b>Signature:</b>	<b>Date (dd/mm/yy):</b>
<b>Approved by:</b>	<b>Signature:</b>	<b>Date (dd/mm/yy):</b>
<b>Client Account(s) Reimbursed by:</b>	<b>Signature:</b>	<b>Date (dd/mm/yy):</b>
<b>Approved by:</b>	<b>Signature:</b>	<b>Date (dd/mm/yy):</b>

FOR USE BY FRAUD MANAGEMENT & INVESTIGATIONS UNIT (FMIU) AND BRANCH		
<p>Summary of Outcome of Investigation, if deemed fraudulent (attach relevant report)</p> <p>Recommended course of action:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
Investigator:	Signature:	Date (dd/mm/yy):
Group Fraud Monitoring & Investigations Manager	Signature:	Date (dd/mm/yy):
Client Account(s) Reimbursed by:	Signature:	Date (dd/mm/yy):
Approved by:	Signature:	Date (dd/mm/yy):