



SUBSCRIBER DISPUTE RESOLUTION FORM

AGENT/BANK BRANCH _____

ACCOUNT NAME _____

Title First Name Middle Name Surname

MOBILE ACCOUNT NUMBER (MOBILE PHONE NUMBER): _____

DATE/TIME OF TRANSACTION: _____ TRANSACTION ID _____

AGENT LOCATION/MERCHANT: _____

TRANSACTION TYPE (TICK AS APPROPRIATE)

OTHER DETAILS

CASH IN

CASH OUT

TRANSFER

BUY

AIRTIME

OTHERS

TRANSACTION AMOUNT (N) _____

ADDITIONAL COMMENT: _____

Thank You.

SIGNATURE: _____

DATE: _____

Forms can be submitted at Zenith branches or via E-mail.

Hotlines - 01-2787000, 01-2927000, 01-4647000
Mobile - 0700ZENITHBANK
Email: eazymoney@zenithbank.com

FOR OFFICIAL USE ONLY

CUSTOMER CARE

PROCESSED BY: _____

SIGN: _____ DATE _____

COMMENT: _____

APPROVER: _____

SIGN: _____ DATE: _____

STATUS

ACCEPTED: _____

DECLINE: _____