



Trust Bank iBanking Dispute Request Form

Contact No: _____ Email: _____

Beneficiary Bank				
Beneficiary A/C Number				
Dispute Amount				
Transaction Date				
Mode of Transaction		TBL To TBL		Bkash
		NPSB		Nagad
		BEFTN		TAP
		Credit Card Bill		DESCO
		Top Up		DPDC

Date _____

Authorized Signature