## TRANSACTION DISPUTE FORM

Credit Card No:			Telephone/ Mobile No:Email Id:		
					Add C
Add-o	n Cardholder	Name:			
	s of Disputed			_	
S.No	Statement date		Merchant Name	Transaction Amount. (INR)	Disputed Amount. (INR)
	uate	Date		Timount: (II.VK)	Amount. (IVK)
I neith  LOST  My ca  A. Los  B. Car	er made nor au  C/SUSPECTEI  rd was (circle of  st/Stolen: on Da  d Never Receiv	one of the followate:wed	ransaction.   ing choices below)  Location:		
c. Car	a was in my po	ossession at the ti	ime of fraudulent use		
MUL		charged time date). The origin		ction. I authorized only on on my (indicate mont	
DIFF		on my sales slip m attaching my i		unt billed and shown in orrect amount. The differen	
CANO  Cont.	specific reas	his transaction or		cate date).I am attaching re on reference numbers.	eceipt indicating the

DEFECTIVE MERCHANDISE
I am disputing the quality of goods/services I received from merchant. I have contacted the
merchant/retailer. The response to my request for refund, is stated on annexure attached herewith.
CREDIT NOT RECEIVED □
I was given a credit slip in the amount ofon(DD-MM-YYYY) by the merchant
retailer which has not yet appeared on my billing Statement (indicate month) The copy of the credit
slip is attached.
PAID BY OTHER MEANS
I paid for the transaction by □Cash □Cheque □Draft □Other credit card. I attach
□ cash receipt or □ copy of cheque / Cheque no. alongwith Bank statement or □ other credit card statement.
MERCHANDISE RETURNED
I have returned the merchandise and requested a refund from the Merchant retailer and have forwarded a
copy of the proof of return to him. I attach proof of return herewith.
NOT AS DESCRIBED
The goods/services are different from what was ordered or described. On attached sheet I have explained
what was expected, what was received, and indicated my attempt to return the goods. The proof of return
is also attached.
GOODS / SERVICES NOT RECEIVED
I have not received the goods/services and for that reason,I contacted the Merchant/retailer
on (DD-MM-YYYY). The merchant response to my request for a refund or delivery date is
given on separate attached sheet .The copy of letter to the merchant attempting to resolve the dispute is enclosed.
cherosed.
ATM DISCREPANCY
The amount on my ATM slip differs from the amount billed in statement. Attached is my
receipt showing the correct amount. The difference in amount is or I
did not receive cash from ATM.
ANY OTHER
(Give full details)
Primary Cardholder Signature:
Add-on cardholder Signature: (mandatory if the
transactions disputed are done through the Add on Card)
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## **IMPORTANT NOTE**

- Cardholder is requested to submit card statement highlighting disputed transaction and required documents wherever it is requested
- After dispute charges are resolved, should such charges recur in the statement, you are requested to intimate the Bank for these disputed charges vide this form within 30 days of statement date to enable us to take up the dispute with the member banks. After the lapse of 30 days, it will be construed that all the charges are acceptable and in order.
- A retrieval fee as prescribed in schedule of charges will be levied on per transaction basis to your account