

Date	
Branch	
Customer No.	

(your 6-digit basic account number)

Cardholder Dispute Form

Cardholder Name	
Card Number	
Merchant Name	
Transaction Date	
Transaction Amount	

Please Tick The Appropriate BOX(es):

<input type="checkbox"/>	I have neither participated nor authorized the above transaction(s).
<input type="checkbox"/>	I confirm that at no time the card was out of my possession.
<input type="checkbox"/>	The charged amount differs from the amount billed. (Sales Copy Enclosed)
<input type="checkbox"/>	I have been double / triple charged.
<input type="checkbox"/>	I have paid cash/cheque/ another card for this transaction. (Copy Enclosed)
<input type="checkbox"/>	I have not received the goods till this day as promised by the merchant.
<input type="checkbox"/>	I have not received the refund till date. (Copy Enclosed)
<input type="checkbox"/>	I confirm that I have participated in the transaction for dated but not participated in the disputed transaction(s).
<input type="checkbox"/>	I did not receive cash / received only for ATM withdrawal. My account is debited for
<input type="checkbox"/>	I cancelled my reservation on (Date) at (Time) The cancellation code given is / No cancellation code was provided by the hotel.
<input type="checkbox"/>	I was provided with alternate accommodation but I have been charged for my reservation.
<input type="checkbox"/>	I was not informed about the reservation /cancellation policy
<input type="checkbox"/>	Others (please specify):

Note:

I hereby undertake that I have not directly / indirectly compromised the PIN and I am in possession of my above card. I confirm my willingness to readily provide any information and documents that may be required by the Bank to conduct any investigations with regards the above transactions.

I also hereby authorize the Bank to recover any credits / re-imburements made in response to the above claims if it is established that the transactions are genuine. The Bank is authorized to pursue legal recovery proceedings and to report the above transactions and any other information/ details with regards my account to any government and / or police authorities to investigate the validity and correctness of the above transactions. Please furnish us with all the relevant documents / information related to the above disputed transactions.

Phone OFF/RES	
FAX	
Mobile	
E Mail	

Signature	
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