



Dispute Information Form

TO BE REPORTED WITHIN 30 DAYS FROM THE BILLDATE FOR ALL DISPUTES

Card Number: _____ Primary Add-On

I am disputing the transaction/s listed as per attached sheet for the given reason and request you to settle the cases. (Please applicable reason)

- I have not received my new/renewed card and same was not in my possession at the time of transaction/s.
- Duplicate/multiple billing. I have done only one transaction but I was billed _____ (Twice/Thrice etc).
- Cash not dispensed in the ATM but I was billed for the amount.
- Less cash Rs. _____ dispensed in the ATM but I was billed for the entire amount Rs _____
- Transaction cancelled and I have not received the credit/refund for the same (Attach credit slip/refund note/merchant's letter or merchant's confirmation that the transaction was cancelled and the credit was due to you).
- Paid by other means. First I gave my card for payment and later paid by other means like by cash (attach cash receipt/bill)/Cheque(attach cheque receipt/bank statement)/other card (attach chargeslip/other card statement).
- Cancelled membership/Subscription/booking (Attach the cancellation letter which you sent to the merchant)
- I ordered goods/services and the same are expected by Date (dd/mm/yy)_____. But I never received the same.
- I ordered goods/services and received same on (dd/mm/yy)_____ But the goods were in damaged/improper condition.
- The transaction Amount is Rs _____ but I was billed for Rs. _____.
- I have not participated or authorised the above transaction/s. The card was in possession of mine at all times.
- I have lost my card and reported to authorities on (dd/mm/yy)_____ at _____ time.
- Others (Please explain in detail. Please attach a separate letter if necessary)

Declaration

I hereby confirm that the information mentioned above is true and to the best of my knowledge.

If the disputed transaction turns out to be valid,

1. Retrieval fee of Rs.250/- shall be charged per transaction to my card account.
2. The transaction amount along with all charges applicable is payable by me.

Cardholder's Name: _____

Place: _____

Signature: _____

Date: _____

Email: _____

Ph: _____

Mobile _____

DETAILS OF DISPUTED ITEM/S

Transaction Date	Merchant Name/ATM Location	Transaction Amount	Disputed Amount

Cardholder's Name:

Signature:

Date: