

CARDHOLDER DISPUTE FORM

ARDHOLDER NAME:		

CREDIT/DEBIT/PREPAID CARD NUMBER:

ACCOUNT NUMBER:

DETAILS OF DISPUTED ITEM(S):

	RANSACTION DATE	MERCHANT / ATM NAME	TRANSACTION AMOUNT	DISPUTED AMOUNT	DISPUTE TRANSACTION INTIMATION RECEIVED (Please specify) (Eg: SMS / Email / Others)
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Reason for Dispute - Please select the appropriate one:

- L have neither authorized nor participated in the above transaction(s). I confirm that the card is still in my possession.
- My card was lost/stolen on ______ and the same was reported to you on ______. (Attach copy of FIR / Police complaint)
- Duplicate/Multiple billing. I have done only _____ transaction(s) at the Merchant Establishment but I was billed ______ times. (Attach copy of authorized chargeslip)
- I have cancelled the transaction(s)/returned the goods, but have not received credit/refund for the same (Attach Credit Voucher/Refund note/Merchant's letter or any form of merchant's confirmation that the credit is due to the card account)
- The service / merchandise that I have received are not as described or found defective (Attach copy of all correspondence had with the merchant, proof that goods were returned to the merchant OR proof of merchant acknowledging the cancellation intimation)
- □ The transaction was Unsuccessful OR the Merchant confirms non-receipt of payment (Provide clear description of the goods or services ordered / copy of all correspondence had with the merchant)
- I ordered goods/services and the same were expected to be delivered by date (dd/mm/yy) ______, but I never received the same. (Attach order confirmation / Provide clear description of the goods or services ordered / copy of all correspondence had with the merchant)
- Paid by alternate means. I gave my card for payment, but later on paid by other means for the same transaction. I Paid by Cash (attach cash receipt/bill)/ Cheque (attach Cheque /Bank statement)/ Other card (attach chargeslip/other card statement)
- Cancelled Membership/Subscription/Booking. (Attach proof of cancellation)
- The transaction amount incurred/authorized by me is for Rs. _____ but I was billed for Rs. _____. (Attach copy of authorized charge slip / Invoice copy)
- Cash was not dispensed at the ATM but I was billed for the entire amount of Rs.
- □ Cash was dispensed partially in the ATM for Rs. ______ but I was billed for the entire amount of Rs. ______.
- Others (Please explain in detail. Please attach a separate letter if necessary)

I declare that above given information is true and correct to my knowledge. I understand that I can be held liable for all charges incurred if dispute raised by me is found invalid. The Bank may contact me whenever it requires any further information.

Email ID*: _____

Mobile No* :_____

Cardholder's Signature*

Date* :_____

* Mandatory Fields

Important Note:

Any transaction dispute needs to be reported to the Bank in writing within 60 days from the date of the disputed transaction.

For authorized transactions, an attempt to resolve the dispute with the merchant must be made first before we can take action on your claim.

Please ensure to provide appropriate documentation as indicated against the dispute reason which would enable us to make every possible effort to assist in resolving your dispute.

Please send the duly filled CDF from your registered email ID to services@vikasbank.com