

## Cardholder Dispute Form

Card No.	ensactions should be within	n 15 days from the st	atement date.
Sr No Transaction Date	Name of Merchant	Transaction Amount	Statement Date
onfirm the card was alwa	ays in my possession:	Yes No	
ase select one of the followir	ng options		
Transaction not rec	ognized I need more clarifica	tion on the following de	etails:
Merchant Name	Merchant Location	Trans. Date Tra	ns. Amount
□ Unauthorized interr □ Duplicated transact □ Cash not dispensed □ Services / Goods not □ Refund credit not re □ Cancelled recurring □ Cancelled Transact □ Paid by other mean □ Incorrect amount bi □ Other reasons / Add	d from ATM ot received (Expected date of eceived. (refund receipt date of g Membership/Subscription (I ion (Cancellation Code	receipt / /) / / ) Date of cancellation/	·
Important Note:			
Please attach copies of an delay resolution of your di	y documents that support yo spute.	ur claim. Lack of docun	nentation may
	ank International to debit my on if the merchant proves the		
resolution and the Bank re this regard. I authorise you the disputed transactions	stigation of the dispute may t eserves the right to provide/ r u to disclose to the police, VI carried out on my card in ord nd that any statements made	reverse any temporary o ISA or MASTERCARD d der to allow them to pur	credit given in letails of any of sue their
Cardholder Name:	Mobile	Number :	
Address:	Tele. R	esidence/Office :	
	Date :		