

Cardholder Dispute Form

Card No.

Please note that disputed transactions should be within 15 days from the statement date.

Sr.No.	Transaction Date	Name of Merchant	Transaction Amount	Statement Date

I confirm the card was always in my possession:

Yes

No

Please select one of the following options

Transaction not recognized I need more clarification on the following details:

Merchant Name
 Merchant Location
 Trans. Date
 Trans. Amount

- Unauthorized / Not participated in this transaction
- Unauthorized internet /mail/ phone order transaction
- Duplicated transaction
- Cash not dispensed from ATM
- Services / Goods not received (Expected date of receipt --/--/-----)
- Refund credit not received. (refund receipt date --/--/-----)
- Cancelled recurring Membership/Subscription (Date of cancellation --/--/-----)
- Cancelled Transaction (Cancellation Code -----)
- Paid by other means.
- Incorrect amount billed.
- Other reasons I Additional Comments -----

Important Note:

Please attach copies of any documents that support your claim. Lack of documentation may delay resolution of your dispute

I authorize Commercial Bank International to debit my account with a retrieval fee of **₹ 50** for each dispute transaction if the merchant proves the dispute transaction to be valid.

Cardholder Name:	Mobile No.
Address:	Tele. Residence/Office :
CIF:	Date:
Cardholder Signature	

NOTE: Kindly mention only the First and last four digits of the card number and mask the rest