

## 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