



**Card Dispute Claim Form**

No.	Particulars	Remarks
1	Card No.	
2	Account No.	
3	Transaction Amount	
4	Claimed Amount	
5	Transaction Date	
6	Transaction Bank	
7	Terminal/Country Location	
8	Contact No./Email Id	
9	Transaction Description	
10	Dispute Type	<input type="checkbox"/> Partial Amount <input type="checkbox"/> Full Amount
11	Transaction Type	<input type="checkbox"/> ATM <input type="checkbox"/> POS <input type="checkbox"/> Ecommerce

- I used my Debit/Credit Card to performed transactions, however the transaction was declined and my account has been debited.
- I did not participate or authorize the transaction. My card was in my possession when the transactions had occurred, however my account has been debited.
- Any other incident (Please Specify):

I hereby declare that the above facts are true. It is understood that in case of any error, the Bank shall be within its right to rectify the error unilaterally without notice to me/us and recover any amount wrongly paid/credited along with other transaction fees. Further, I authorize the bank to debit my account by the reversed amount if the transaction is found successful and the Acquirer/Merchant makes a presentment for the transaction.

**Customer Signature:**

**Date:** ...../...../.....

**For Bank Use Only**

Claim Logged date: ...../...../.....

Claim Ticket No: .....

**Verified By:**

Staff Name: .....

Signature: .....