CARDHOLDER DISPUTE FORM



ebit Card Nur	nber	IDFC FIRST Bank A	Account Number	
etails of Disp	outed Transactions:			
Sr No	Transaction Date (DD/MM/YYYY)	Merchant Name/ ATM Location	Transaction Amount ₹	Disputed Amount ₹
1				
2				
3				
	the transactions listed made Acquiring banks of the said	through the Debit Card mentioned above owing to merchants:	the following reasons an	d requests you take up the
Duplica	ate/Multiple Billing. I have do	one only one transaction but I was billed	(Т	wice/thrice etc).
agreed	•	ne merchant are not as described. The items purch ne merchant or was defective. (Please specify as to		
	y delivered. Enclose any dod	cumentation that supports your claim If you returned the stall courier receipt and correspondence with the market and correspondence with the market and correspondence.	ed the merchandise to the	
us with	y delivered. Enclose any doc proof of return, such as pos	cumentation that supports your claim If you returned	ed the merchandise to the erchant)	
us with	y delivered. Enclose any doc proof of return, such as pos- ried transaction online, the sa	cumentation that supports your claim If you returned stal/courier receipt and correspondence with the management of the stalf of the st	ed the merchandise to the erchant)	
us with I had to Cash r	y delivered. Enclose any doc proof of return, such as pos- ried transaction online, the sa	cumentation that supports your claim If you returned stal/courier receipt and correspondence with the manager was not successful but the amount was debited.	ed the merchandise to the erchant) ed from my account.	
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1



	REQUEST TO CARDHOLDER
	your correspondence with the merchant, charge slips whatever applicable and any supplementary the disputed transaction, as appropriate
Annexures: (Please tic	as appropriate)
Correspondence of	opy with Merchants
Charge Slips	Any other supplementary documents (Please specify)
	DECLARATION & SIGNATURE
knowledge and belief. i which may include civi	e averments made by me within this form are bona-fide and the information provided is true and accurate to the best of me case this claim is determined by the bank to be false or maliciously made, I shall be fully responsible for consequence (criminal lawsuit being initiated by the bank I also understande that if the disputed transaction turns out to be vaild then apper transaction will be charged to my account.
Place	Date D D M M Y Y Y Y STD
	Customer Signature
	FOR BANK USE ONLY
Service Request No.	
Employee ID	
Name of the	
	Signature of the Branch Official