CARDHOLDER DISPUTE FORM



Please fill in Bl	lank Ink and in CAPITAL LETTER	₹ऽ	Date D	
Debit Card N	Number	IDFC FIRST Bank Acc	ount Number	
Details of Di	isputed Transactions:			
Sr No	Transaction Date (DD/MM/YYYY)	Merchant Name/ ATM Location	Transaction Amount ₹	Disputed Amount ₹
1				
2				
3				
	ng the transactions listed made	de through the Debit Card mentioned above owing to th d merchants:	e following reasons	and requests you take up the
Dupl	licate/Multiple Billing. I have o	done only one transaction but I was billed		(Twice/thrice etc).
agred actua us w	eed to have been supplied by ally delivered. Enclose any do with proof of return, such as post diried transaction online, the	the merchant are not as described. The items purchase the merchant or was defective. (Please specify as to w ocumentation that supports your claim If you returned ostal/courier receipt and correspondence with the merchant was not successful but the amount was debited ut my account was debited for the entire amount.	nat goods/services when the merchandise to hant)	were expected and what were
Less	s cash of ₹	dispensed from ATM, but my account was de	bited for ₹	
		e not received the credit/refund for the same.(Attach cr e transaction was cancelled and the credit was due to	•	e/merchants letter or any form
	-	e my card for payment and later on I changed my mind ue receipt/bank statement) other card (attach chargesli		
Cano	celled membership/subscript	ion booking.(Attach the cancellation letter you send to t	he merchant)	
	lered goods and services and order status is required)	d the same are expected by (dd/mm/yy). But I never red	ceived the same.(Co	orrespondence with merchant
The	transaction amount is ₹	and I was billed for ₹		
have	e not participated or authorize	ed the above transactions. The card was in my possess	ion at all times. Hot	tel Reservation
(A) I	have cancelled the reservat	ion. The cancellation date being	and the cancellation	code is
(B) I	have not made or authorized	d any reservations/or availed services.		
Othe	ers (please specify)			
(Please expl	olain in detail, Please attach a sep	parate letter if necessary.)		

CB-BE



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