

Multi-Currency Forex Card Holder Dispute Form

Please fill the fo	orm in Black Ink and in CAPITA	L LETTERS		Date D D M M Y Y Y Y IDFC FIRST Bank Customer ID		
Card Number	X X X X Please enter the first		IDFC FIRST Bank			
Details of Di	sputed Transactions:					
Sr.No.	Transaction Date (DD/MM/YYYY)	Merchant Name/ ATM Location	Transaction Amount	Disputed Amount	Transaction reference number	
1						
2						
3						
	the listed transactions madiring banks of the said merc		led above owing to the follo	wing reasons and rec	uest you take up the case/s	
The Go	ods/Services rendered by the to have been supplied by the delivered. Enclose any doc	ade only one transaction but ne merchant are not as desc ne merchant or was defective cumentation that supports your stal/courier receipt and corre	ribed. The items purchase e. (Please specify as to wh our claim. If you returned th	d or services paid for, at goods/services were merchandise to the	e expected and what were	
		same was not successful b		,		
Cash n	ot dispensed by the ATM, b	ut my card was debited for t	he entire amount (attach t	he transaction receip	ot).	
	ash of ₹ the transaction receipt).	dispensed from ATN	M, but my card was debited	d for ₹		
		ave not received the credit/			ote/merchants letter or any	
		d my card to make the pay	-		-	
		n booking. (Please attach t			·	
I ordere	ed goods and services and t	the same are expected by (o	dd/mm/yy). But I never rec		,	
The tra	The transaction amount is ₹ and I was billed for ₹ (attach the transaction receipt).					
Hotel F	eservation	d the above transactions. The cancellation date being		sion at all times.	de is	
(B) I ha	ve not made or authorized	any reservations/or availed s	services.			
My car	d was lost/stolen on//	/ (DD/MM/YY). I have	e got the card blocked on	,(DD/M	M/YY).	
Others						
(Please expl	ain in detail. Please attach	n necessary supporting do	cument)			



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REQUEST TO CARDHOLDER
Please attach copies of your correspondence with the merchant, charge slips etc., and any supplementary documents pertaining to the disputed transaction, as appropriate.
Annexures: (Please tick as appropriate)
Correspondence copy with Merchants
Charge Slips Any other supplementary documents (Please specify)
DECLARATION & SIGNATURE
I hereby confirm that the averments made by me within this form are bona-fide and the information provided is true and accurate to the best of my knowledge and belief. I authorize the Bank to investigate the disputed transaction(s) and understand that the resolution process will be conducted in accordance with the Bank's policies and RBI guidelines. In case this claim is determined by the bank to be false or maliciously made, I shall be fully responsible for consequences which may include civil/criminal lawsuit being initiated by the bank.
Place Date D M M Y Y Y Y Tel (+91) STD
Customer Signature
FOR BANK USE ONLY
Service Request No.
Employee ID

Signature of the Branch Official

Name of the Branch Official

Sourcing Branch Code