

**CARDHOLDER DISPUTE FORM**

Please fill in black ink and in CAPITAL LETTERS

 Date 

D	D	M	M	Y	Y	Y	Y
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To  
 The Branch Manager  
 Ujivan Small Finance Bank  
 Branch Name \_\_\_\_\_

 Debit Card Number : 

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 Ujivan SFB Account Number: 

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 Transaction Sequence No./ID: 

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Details of Disputed Transaction/s:

Sr No	Transaction Date (DD/MM/YYYY)	Mode of Transaction (ATM/PoS/Online etc.)	Merchant Name/ ATM Location/ATM ID	Transaction Amount	Disputed Amount
1					
2					
3					

I am disputing the transaction/s made through the Debit Card mentioned above owing to the following reasons and request you to take up the cases with the acquiring banks of the said merchants:

- Duplicate/Multiple Billing. I have done only one transaction but I was billed 

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 (Twice/thrice etc).
- Cash of ₹ 

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 dispensed from ATM, but my account was debited for ₹ 

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- Transaction was cancelled /was unsuccessful. My account has been debited but not received the credit/refund for the same.(Attach credit slip/refund note/merchants letter or any form of merchants confirmation that the transaction was cancelled and the credit was due to you.)
- I have not participated or authorized the above transactions. The card was in my possession at all times.
- Others (please specify)

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(Please explain in detail. Please attach a separate letter if necessary.)

**CUSTOMER ACKNOWLEDGMENT FORM**

Service Request Number: \_\_\_\_\_

Date:	Branch Employee Name:
Branch seal:	Employee ID & signature:

For help, contact our toll free number : 1800 208 2121

**REQUEST TO CARDHOLDER**

Please attach copies of your correspondence with the merchant, charge slips whatever applicable and any supplementary documents pertaining to the disputed transactions, as appropriate.

Annexure : (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. In case the claim is determined by the Bank to be false or maliciously made, I shall be fully responsible for the consequences which may include civil/criminal lawsuit being initiated by the Bank.

Place

Date

Tel (+91)

Customer Signature

**FOR BANK USE ONLY**

Date:	Branch Employee Name:
Branch seal:	Employee ID & signature: