

Cardholder Dispute Form

To, Axis Bank Ltd, NPC1, 5th Floor, "Gigaplex", Plot No I.T.5, MIDC, Airoli Knowledge Park, Airoli, Navi Mumbai - 400708. Fax no - 022 71315270

Debit / Credit Card Number **:																								
Δvic	Rani	lz A	ccon	nt Ni	umbe	r (Ar	mlics	ıble Fo	r Dehi	it Car	·dhol	ders	only)											
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Deta	Details of Disputed Transaction/s **:																							
Sr. No. Transaction Date Merchant Name/ ATI										ATM	Loca	tion	Tra	ransaction Amount INR					Disputed Amount, INR					
I am	disp	uti	ng tr	ansa	ction/	s list	ed ab	ove du	e to th	e foll	owin	g rea	sons.	Requ	iest y	ou to	o reso	olve tl	he di	spute				
□ Duplicate/ multiple billing. I have done only one transaction but I was billed (Twice/ Thrice etc).																								
☐ The Goods/Services rendered by the Merchant are not as described. The item/s purchased or service/s paid for do not conform																								
to what was agreed to have been supplied by the merchant or was defective. (Please specify as to what good/s or service/s were expected																								
and what were actually delivered. Enclose any documentation that supports your claim. If you have returned the merchandise to the merchant, please provide us with proof of return, such as postal/courier receipt and correspondence with the merchant.)																								
□ I had tried transaction online, the same was not successful but the amount was debited from my account.																								
☐ Cash not dispensed in ATM but I was billed for the entire amount.																								
lacktriangleq Less cash of Rs dispensed in the ATM but I was billed for the entire amount Rs																								
☐ Transaction cancelled and I have not received the credit/ refund for the same (Attach credit slip/refund note/merchant's letter or any form of merchant's confirmation that the transaction was cancelled and the credit was due to you).																								
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								y card f															e by ca	ash
	Cance	lle	d mer	nbers	hip/S	ubscr	iptio	n/booki	ng (At	tach tl	he can	cella	tion le	tter w	hich y	ou se	ent to	the m	erch	ant).				
☐ I ordered goods/services and the same are expected by Date (dd/mmm/yyyy) But I never received the same. (correspondence with merchant for order status is required)																								
	Γhe tr	ans	actio	n am	ount i	s Rs.				but	t I wa	s bill	ed for	Rs					_•					
	have	no	t part	icipa	ted or	auth	orize	d the ab	ove tra	ansact	tion(s). Th	e card	was	in my	pos	sessio	on at a	ıll tir	nes.				
	Hotel	Re	serva	ion:																				
								he Cano							8	and t	he C	ancell	latio	n Code	e is			_
(B) I	have	nc	t mad	e or	autho	rized	any r	eservat	ion/s c	or avai	iled o	f the	servio	es										
☐ Others (Please explain in detail. Please attach a separate letter if necessary)													-											
** Request to the Cardholder: Please attach copies of your correspondence with the Merchant, charge-slips wherever applicable and any supplementary documents pertaining to the transaction/s, as appropriate.																								
kn	<u>Declaration:</u> 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 this 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.																							
Cardholder's Name:														Place:										
Signature: X														Date:										
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