Cardholder Dispute Form

Control No. CDF_Revised/Dec'12/SubhadraB/NLU

Subhadra
Local Area Bank Ltd

To,
Subhadra Local Area Bank Ltd, Raobahadur Vichare
Complex, Benadikar Path, New Shahupuri
Central Bus Stand Gemstone, Kolhapur 416 001
Maharashtra F: +91 231 2650 955

Debit/Credit Card Number:**

Subhadra Local Area Bank Account Number (Applicable For Debit Cardholders only):

Details of Disputed Transaction/s:**

Sr. No.	Transaction Date	Merchant Name/ ATM Location	Transaction Amount INR	Disputed Amount INR

I am disputing transaction/s listed above due to the following reasons. Request you to resolve the dispute.

☐ 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.

☐ 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).**

☐ Paid by other means. First I gave my card for payment and later on I changed my mind and paid by other means like by cash **(Attach cash receipt/bill)/Cheque (attach cheque receipt/bank statement)** /other card **(Attach chargeslip/other card statement).**

☐ Cancelled membership/subscription/booking **(Attach the cancellation letter which you sent to the merchant).**

☐ I ordered goods/services and the same are expected by Date (dd/mm/yyyy) _____. But I never received the same. **(correspondence with merchant for order status is required)**

☐ The transaction amount is Rs. _____ but I was billed for Rs. _____

☐ I have not participated or authorized the above transaction(s). The card was in my possession at all times.

☐ Hotel Reservation:
(A) I have cancelled the Reservation. The Cancellation Date being _____ and the Cancellation Code is _____
(B) I have not made or authorized any reservation/s or availed of the services

☐ 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.

Declaration: 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: _____

Email: _____@_____ Phone: _____