

THE BHUJ MERCANTILE CO-OPERATIVE BANK LTD

Cardholder Dispute Form

TO Date: IT DEPT THE BHUJ MERCANTILE CO-OP BANK LTD Head Office Ahmedabad-380006																
am disputing the transaction(s)*listed above for the below given reason and request you to ettle the cases. (Please √ one)																
Card	Number								1						1	
A / - NI																
A/C IN	umber															
Detai	ls of disp	uted it	em/s:													
Trans	action D	ate Me	rchan	t Nan	ne/ATI	VI Loca	tion			Transa	ction	Amt	Disp	uted	Amt	
																_
																-
ollowi nerch	sputing ing reasc ants: Duplica	te/Mul	tiple E	Billing	j. I hav	e done	e only o	ne tra	nsac	tion bu	ıt I w	as bille	ed :			
	I had tri from m	ied trar y accou	nsactio unt.	on on	ıline, t	he sam	ne was i	not su	ccess	sful bu	t the	amou	nt wa	as del	bited	
	Cash not dispensed from ATM but my account was debited for the entire amount															
	Less cash ofdispensed from ATM, but my account was debited for															
	I have not participated or authorized the above transactions. The card was in my possession at all times															
	Hotel Reservation A.I have cancelled the reservation. The cancellation date being B.I have not made or authorized any reservations/or availed services.															
	Others (please specify)															

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 misleadingly made, I shall be fully responsible for the consequences which may include civil/criminal lawsuit being initiated by the bank. I also understand that if the disputed transaction turns out to be valid then a transaction retrieval fee per transaction will be charged to my account.

Place:

Signature	:	Date :
Email	:	Landline / Mobile No :
		For Branch use only
Branch Name:		
Branch Manager Sign:		
Forward To HO Date:		(Stamp of Branch)
	Branch Name: Branch Manager Sign:	Branch Name: Branch Manager Sign:

For Head Office Use only

Request Received date:

Cardholder's Name

Officer Name:

Official Sign: