



THE KUKARWADA NAGRIK SAHKARI BANK LTD

ATM Dispute Form

TO,
THE KUKARWADA NAGRIK SAHKARI BANK LTD.
HEAD OFFICE KUKARWADA-382830

Date: _____

I am disputing the transaction(s) *listed above for the below given reason and request you to settle the cases.(Please ✓ one)

Card Number

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A/c Number

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Details of disputed item/s:

Transaction Date	Merchant Name/ATM Location	Transaction Amt	Disputed Amt

I am disputing the transactions listed made through the Debit Card mentioned above owing to the following reasons and requests you 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 :
- I had tried transaction online, the same was not successful but the amount was debited from my account.
- Cash not dispensed from ATM but my account was debited for the entire amount
- Lesscash ofdispensedfrom ATM, butmyaccount was debited for
- Ihavenotparticipatedorauthorizedtheabovetransactions. Thecardwasinmypossessionatalltimes.
- Hotel Reservation
 - 1) A.I has cancelled the reservation. The cancellation date being
 - 2) B.I have not made or authorized any reservations/or availed services.
- Others (please specify).....
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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 b e 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.

Cardholder's Name:

Place :

Signature :

Date :

Email :

Mobile No:

For Branch use only

Branch Name:.....

Branch Manager Sign:.....

Forward To HO Date:.....

(Stamp of Branch)
