



Commercial Card Holder Dispute Form

To,

The Manager

HDFC Bank Cards Division

PO Box, No. 8654

No. 94, SP Estate Bus Stand,

Wavin Main Road Mogappair West,

Chennai - 600058

Name of the Corporate / Firm: _____

CREDIT CARD NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

I am disputing the following

transaction(s) for the reason given below and request you to settle the case(s):

DETAILS OF DISPUTED ITEM(S):

TRANSACTION DATE	MERCHANT NAME	TRANSACTION AMOUNT

Please select the most appropriate one: The below reasons are applicable for refunds / chargeback for payments made by Cardholders who are Corporates / enterprises / re-sellers / agents / intermediaries to the Merchants who are Corporates / Vendors / Suppliers using Commercial Cards. Any dispute or refunds apart from the below reasons would be governed as per separate contractual terms /agreements entered into by the Card holder and the Merchant /s and the same shall be binding on the parties.

1. I have neither authorized nor participated in the above transaction(s). I confirm that the card is still in my possession.
2. My card was lost /stolen on _____ and the same was reported to you on _____.
3. Duplicate/Multiple billing. I have done only one transaction at the Merchant Establishment but I was billed _____ times. (Attach copy of authorized charge slip)
4. Paid by alternate means. First, I gave my card for payment, but later on paid by other means for the same transaction. I Paid by Cash (attach cash receipt/bill)/ Cheque (attach Cheque receipt/Bank statement)/ other card (attach charge slip/other card statement)
5. Cancelled Membership/Subscription/Booking. (Attach the proof of merchant acknowledging the cancellation)
6. Cash was not dispensed at the ATM but I was billed for the entire amount of Rs._____.
7. Cash was dispensed partially in the ATM for Rs._____ but I was billed for the entire amount of Rs._____.
8. Others (Please explain in detail. Please attach a separate letter with relevant supporting, if necessary)

I declare that above given information is true and correct to my knowledge. I understand that I can be held liable for all charges incurred if dispute raised by me is found invalid. I agree to pay the charges levied by the bank for the same including the cost incurred for investigation of my claim. The Bank may contact me whenever it requires any further information.

Email/Phone / Fax: _____

Authorized Signatory:-

Date: _____