



CARDHOLDER DISPUTE FORM

To,
The Manager
HDFC Bank Cards Division
PO Box No. 8654
Thiruvanniyur P.O.
Chennai – 600041.

NAME :

CREDIT CARD NUMBER :

Grid for credit card number input

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) :

Table with 3 columns: TRANSACTION DATE, MERCHANT NAME, TRANSACTION AMOUNT

Please select the most appropriate one :

- Checkboxes for various dispute reasons: I have neither authorized nor participated... My card was lost/stolen... Duplicate/Multiple billing... I have cancelled the transaction... I had received defective merchandise... Paid by alternate means... Cancelled Membership... I ordered goods/services... The transaction amount... Cash was not dispensed... Cash was dispensed partially... Others

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:

Date :

Cardholder's Signature

Add-on Cardholder's Signature (If any)