

DISPUTE / CHARGE-BACK CLAIM FORM (CCF)

Request for the Reversal of Failed ATM / POS / E-COM / IMPS / UPI Transaction

complaint No		t for the f	(CVCI Sui	OI I ui	ica / iii	117100	, 2 00	,		e:		-	
o, uvarnayug Sahaka	ri Bank Ltd, Pune.		10			nadau die rie er				Administrational Association described in the Company of States	Mariantenia de la calenta de l		
, -	Branci	h											
	Section 1997 Control of the Control												
Customer Card No	umber				-					T			
	1. /15.017.6									9			
Customer A/c Nui	mber (15 DIGIT (ompulsory)										Ι
•	Type of Account Type of Transact Mode of Transact Mobile Banking *** (Please Che Details of Dispu	ction: action: : eck Remitte	r's A/C Na	_ _ _ _ _ _ _ _ _	Currer On-Us POS (S UPI for Disp	wipe)		Com (On		C	ard No. N ard No. N		
Tran. Date	For ATM ATM Bank Name For POS/ECOM Merchant Name For IMPS/UPI Beneficiary Name				For ATM — Location/ID For POS/ECOM — Mar.ID For IMPS/UPI — Mobile No				RRN NO (For All Tran.) Compulsory ***				ispute Amt.
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particular surrounds. Asiata-salanta subsidiar (475 Marrier)													
2. 3. For POS/ E For IMPS/ In case of Or else pr Funds will	ATM chargeback POS & ECOM cha IMPS & UPI charge COM transactions, Failed Transaction oof of Complete Transaction to be credited for that in some cast valid.	rgeback - Mingeback - Mingebac	nimum work ner needs to on is accept will be sent s arising du	rking 30 king 7 D o first co first co ted by A to resp ie to M	Days contact the ntact the Acquirer B ective bra isuse and	Beneficiar ank/Merc inch. Fraudulen	y & take thant the of Usage o	confirma n Credit p on cards b	tion (TCC out to yo being rep	C/ RET) th ur accou oorted as	nen resolv nt after T stolen or	ve the di AT is ove lost.	er,
	nsaction's ATM red lder's Name :	ceipt/ char	arge slip / E-com bill/ Beneficiary's Bank st Place :										
Carano													
Signatu	re :						Date	1					
Email	:						Conta	act No:					
Declara	tion: I hereby conf	irm that the	information	menti	oned abov	ve is true a	and to the	e best of	mv know	ledge.			
NO. 12 TO 12		ntog uhini biha dinad 19 14 15 15 15 19 24 2 19 19 19 19 19 19 19 19 19 19 19 19 19	K	** (TO	BE FULLY	FILLED IN	BY BANK) ***					***************************************
We con as of da	firm that amount i te.	is debited to	the accour	nt as inc	dicated by	our acco	unt holde	er & ther	e is no co	orrespond	ding credi	t in the	account
	Date:							Brai	nch Mar	nager / C	Officer Sig	gnature	
	Branch Seal					Branch							