

Transaction Charge Back Form For Disputed Transactions

To be filled in by the Bank Official:

Date of Receipt:

Officer Code:



FIELDS WITH * (STAR) ARE COMPULSORY. Please fill all the details in CAPITAL LETTERS and BLACK INK only.

To,
The Manager Operations,
b2 Banking,
ICICI Bank Ltd.,
Mumbai

Date:

I am disputing the transactions for the following product (Please tick the product for which you have the dispute)

b2 Savings Account No:	<input type="checkbox"/>	
b2 eWallet No:	<input type="checkbox"/>	
b2 Credit Card Account No:	<input type="checkbox"/>	
b2 Virtual Credit Card No:	<input type="checkbox"/>	
Service Request No:	<input type="checkbox"/>	

Personal Details

* Customer Name:		
	Mr./ Ms./ Dr.	Applicant Name

Reason For Dispute

I am disputing the following transactions for the reasons below

<input type="checkbox"/>	I had lost my card on ___/___/___ at ___ a.m./p.m. and reported the same to you on _____, at ___ a.m./p.m. by way of _____. All charges are on the lost card.
<input type="checkbox"/>	I did not receive the card and I have not incurred or authorized these charges. (Applicable only for Physical b2 Credit Card)
<input type="checkbox"/>	I have neither incurred nor authorized the below transactions, the card was always in my possession.
<input type="checkbox"/>	The card was stolen from me on ___/___/___ at ___ a.m./p.m. and reported the same to you on _____, at ___ a.m./p.m. All charges were on the Stolen card. I am enclosing a copy of the FIR filed with Police.

Details of Disputed Transactions

Transaction Date	Merchant Name	Transaction Amount
Additional Comments:		

Document Check List (I have attached along with this application the following documents)

FIR Copy

Declaration (I have attached along with this application the following documents)

I hereby confirm that the information furnished above is true and to the best of my knowledge and I authorise you conduct Investigations and take legal actions against culprit if necessary.

Customer's Signature