

Transaction Dispute/Fraud Reporting Form

First Name:	Surname:
16 Digit Card Number:	
Address	
Flat/Building No.*:	Flat/Building Name*:
Street Name*:	City*:
Country*:	Post Code*:
Sort Code:	Account Number:
Mobile Number:	E-mail ID:

Disputed Transaction Details			
Transaction Date	Merchant Name	Transaction Amount	Disputed Amount

If you are disputing more than five transactions, please provide the additional transaction details on the supplementary information sheet provided.
Important notice: Please confirm the reason(s) for the disputed transactions. In all instances, you will need to provide evidence to support your claim, including proof of your own attempts to resolve the dispute with the merchant.

I am disputing the transaction(s) for the following reason(s).

- Duplicated Transaction**
 I have been charged more than once by the same merchant. I authorised one transaction with this merchant for _____ on _____, but did not make or authorise _____ on _____. My debit card was in my possession at the time of this transaction.
- Transaction Amount Is Incorrect**
 The amount I, or any additional cardholder, authorised differs to the amount charged to my account. I have enclosed a copy of the sales vouchers/invoice or other proof, that the amount charged is incorrect.
- Card Charged Two Or More Times For The Same Purchase**
 My account has been charged _____ times. Only _____ of these transactions were authorized by me or any additional cardholder. I have enclosed any relevant documentation to support this.
- Transaction Declined But Account Got Debited**
 I or any additional cardholder authorised a transaction and the transaction was declined but the account was debited for £ _____ with merchant _____. I have enclosed a copy of my sales voucher or an explanation as to why I don't have this.
- ATM: Cash Not Received/Incorrect Cash Dispensed**
 I have received some / none of the cash requested. Amount requested was £ _____, the amount received was £ _____.
- Goods Or Services Not Received Or As Described**
 I, or any additional cardholder authorised these transactions but did not receive the goods/services or were not as described. I have attempted to contact the merchant but I have been unsuccessful in resolving the dispute with them.
- Other**
 My dispute does not fall into one of these categories. Please give a full explanation regarding this dispute below, enclosing any documentation to support your claim.

Additional Information (If You Require More Space, Provide It On A Separate Sheet And Attach It To This Form).

Please note that there are strict timeframes/requirements laid down by Visa / MasterCard for issuing Chargeback. To this end you must contact us without undue delay after the transaction posts to your account.

Have you been asked to report the fraud to Action Fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your card lost?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your card stolen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your PIN with the card?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your PIN written anywhere? If so where?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever allowed your card to be used by another person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been asked to report the fraud to Police?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Action Fraud ref no: Date reported : Report taken by:	
If reported to the Police: Name of officer: Date reported: Crime reference no:	

Please read the statements below before signing this document

I declare under section 1(1) of the Perjury Act 1911 that the foregoing is true and correct to the best of my knowledge and I understand false statement may result in prosecution or referral to Fraud Prevention Agencies.

I consent to give any assistance to ICICI Bank UK or Police in regards to the disputed transaction(s) in the form of verbal and/or written statements which may be necessary if subsequent criminal proceedings take place.

I agree that any data related to this dispute can be passed to retailers, acquiring banks or other agents involved and that in the case of ATM withdrawals CCTV footage may be requested from the other Bank as part of the Banks investigations.

Please complete and return this form within 30 days from the date of reporting the disputed transactions'. Failure to do so within this time could result in us being unable to pursue a refund and debiting any refunds already provided to your account.

Date

Signature: _____

For ICICI Bank use only

Branch _____

Date

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<u>Maker</u>
Emp Name: _____
Emp Id: _____
Signature: _____

<u>Checker</u>
Emp Name: _____
Emp Id: _____
Signature: _____