

Capital Small Finance Bank

Head Office :
 MIDAS Corporate Park, 3rd Floor, 37 G.T. Road, Jalandhar-144001
 Helpline No. 1800 120 1600 (toll Free) Timings : 10:00a.m. to 5:00 p.m.

ATM/ POINT OF SALE/E. COM TRANSACTION DISPUTE FORM

Name	
Account Number	Branch
Debit ATM Card Number	
Complaint Type <input type="checkbox"/> POS/PURCHASE <input type="checkbox"/> Capital Bank ATM <input type="checkbox"/> Other ATM <input type="checkbox"/> Other PUrchases	
My Mobile Number is _____	RRN (Reference Retrieval Number) _____
My e-mail ID is _____	

I Wish to dispute the following transaction(s) on my CSFB Debit Card :

Transaction Date & Time of Transaction	Merchant Name/ ATM ID (Location, If ID is not available)	Amount Debited to the Account	Amount requested for withdrawal/ Purchase	Amount actually disbursed at ATM/ Disputed Amount

Please select ONLY one option.

- Duplicate Billing : I have done only one transaction but I was billed _____ times.
- Actual Transaction Amount was Rs. _____ but I was billed for Rs. _____
- No cash was dispensed from the ATM but my Account was debited with Rs. _____
- Transaction was cancelled by the merchant but I have not received the credit/ refund for the same.
- OTHERS : Please specify detail here :

IMPORTANT :

Bank will be able to take forward your request only if ALL fields of this form are duly filled. Lack of information may delay resolution of your dispute.

DECLARATION :

I declare that above given information is true and correct to my knowledge

Date _____

Card Holder's Signature

For office use

Internal Reference No. : _____

Branch Name / Code : _____

Branch Officer Signature
with Employee Code : _____

Date _____