Standard Chartered

CARDHOLDER LETTER

TRANSACTION COPY RETRIEVAL & DISPUTE FORM

Mail to: COUNTRY ADDRESS
Fax to: COUNTRY
FAX FOR DISPUTES

I am

Requesting for a copy of the transaction record **Disputing a transaction**

My Card No: | | | | | | | | | | | | | | | |

My Name:

S. No	Transaction Date	Merchant Name (as it appears in the statement)	Bill Amount

Fill up the following in case you are disputing the transaction.
I dispute the above mentioned transaction(s) for the following reason (please tick one box only)

Duplicate Billing
I was charged more than once for a single authorized transaction (transaction date & Amount should be same)

Paid by other means
I paid this transaction by other means Cash Cheque Other Card
Please enclose proof of payment by other means (i.e. cash receipt, other credit card transaction receipt etc.)

Incorrect Amount
The amount billed to my card is different from the amount that I had authorized.
Please enclose copy of the transaction receipt which you authorized

Unauthorized Transaction
I did not authorize this transaction. My card was in my possession at the time of the transaction and at all times.
Please copy of front & backside of the card & copy of sales slip of acknowledged transaction from the same merchant (if applicable)

Cancelled membership/subscription
I have cancelled my subscription/membership on _____ according to Merchant's cancellation policy.
Please enclose copy of the cancellation notice addressed to the merchant with fax/postal confirmation. The transaction should have been posted 15 days after the cancellation date.

Refund/Credit not processed
Credit transaction receipt issued but credit not processed/posted to my account or goods returned to merchant but refund not processed.
Please enclose credit transaction receipt/enclose proof that merchant received the returned merchandise i.e. Registered Mail receipt or courier invoice signed by the merchant upon receipt of the goods.

Non-receipt of Goods
Goods are expected by _____ (indicate the date you are expecting the goods.

ATM withdrawal
I have tried to withdraw cash from _____ Bank ATM but cash not dispensed (ATM slip copy enclosed).
I received only (amount) _____ for ATM withdrawal but my card account debited for _____.

Services not rendered
Services for the transaction (s) were not rendered due to inability/unwillingness of the merchant. I have attempted to resolve the dispute with the, merchant and/or merchant's liquidator. Date services were to be provided _____ indicate the date services were supposed to be provided.
Please enclose proof that the dispute has been addressed to merchant with fax/postal confirmation

Others (*Please enclose necessary document to support the dispute)*

Cardholder Declaration:

I hereby declare that
- All information provided above is true and to the best of my knowledge
- I hereby authorize Standard Chartered Bank to investigate/correct the transaction (s) in dispute
- Should the dispute be found invalid, I agree that I may be liable for the sales slip retrieval fee and other processing charges incurred by the Bank in the course of the investigation. The bank reserves the right to reverse any temporary credit given in this regard & charge necessary finance charges applicable on the transaction with retrospective effect.
- I understand that the investigation may take 180 days (or more if pre-arbitration/arbitration is required) for resolution

Signature: _____ **Date:** _____

Phone No Office: _____ **Residence**_____ **Mobile:** _____

E-mail: _____