



LETTER TO BE SUBMITTED BY CARDHOLDER FOR DISPUTED TRANSACTION

From,____
Name: _____
Father's/ Husband's Name: _____
Date of Birth: _____
Phone No.: _____
e-mail id: _____

To,
The Deputy General Manager
SyndicateBank: Card Centre
No.35, 1st Floor,
Devanga towers, K.G Road
BANGALORE - 560 009 (Karnataka)

Dear Sir,

Ref: My SyndicateBank Global Credit Card No: _____

This is to inform that the following transaction appearing in the Billing Statement as on _____ received by me has not been carried out by me/ was unsuccessful (strike out whichever not applicable)-

Transaction attempted Through	Name of the Bank / Establishment	Location of ATM/ Merchant Establishment
ATM		
POS at Merchant Establishment		

Transaction Details are as follows:

Details	
Date of Transaction	
Amount attempted through Transaction	
Amount received (Partial dispensing of Cash)	
Amount Disputed	

Reason/s for Dispute/s is/are as follows:

Reasons for Dispute	
Amount reflected in the Billing Statement but Cash not dispensed by the ATM	
Amount reflected in the Billing Statement but Partial Cash dispensed by the ATM	
Amount reflected in the Billing Statement but transaction not successful at POS (Merchant Establishment)	
Single transaction processed more than once at POS/ATM	
Amount reflected in the Billing Statement but transaction not recognized / authorized by me. It may be deemed as a fraudulent transaction.	

I request that the transaction may please be verified and suitable action may be initiated to reverse the amount with relevant charges in my Credit Card account. In case the disputed transaction is decided in favour of acquirer as per VISA Dispute Resolution Rules, I hereby authorize you to debit my Credit Card account with principal amount and relevant charges, including charges claimed by the acquirer bank, from the value date of the transaction. I undertake to pay the entire amount in such event.

Yours faithfully,

(Signature of the Cardholder)