



CUSTOMER DISPUTE FORM

Credit Card No: _____ DATE: _____

Supplementary Credit Card No: _____ Telephone No: _____

Mobile No: _____

Cardholder Name: _____ Email Id: _____

Supplementary Cardholder Name: _____

Dear Sir,

For the circumstances mentioned below please mark the applicable situation and send the appropriate documentation as indicated. Please note that it will not be possible to assist you with your dispute unless all relevant documents are submitted with the form.

S.No	Transaction Date	Merchant Name	Transaction Amount. (INR)	Disputed Amount. (INR)

UNAUTHORIZED TRANSACTION

Neither I nor anyone authorized to use my account made or authorized the transaction
My card was (circle one of the following choices below)

- A.** Lost/Stolen: Date: _____ Location: _____ **B.** Never Received
C. Card was in my possession at the time of fraudulent use **D.** OTHER _____

MULTIPLE PROCESSING

I have been charged multiple times but have only authorized one transaction. The original amount appeared on my (indicate month) statement a copy of which is enclosed

DIFFERENCE IN AMOUNT

The amount on my sales slip differs from the amount billed. Attached is my receipt showing the correct amount the difference in amount is _____

CANCELLED TRANSACTION

I cancelled this services on _____ (indicate date) the specific reason for the cancellation the actual date cancelled and the cancellation reference numbers are indicated on the attached receipt.

DEFECTIVE MERCHANDISE

I am disputing the quality of goods/services I received. I have contacted the merchant/retailer response to my request for my refund, is stated on the reverse of this form.

**CHARGE INSTEAD OF CREDIT**

The attached credit slip was listed as a charge on my statement.

CREDIT NOT RECEIVED

I was given a credit slip in the amount of _____ on _____
(DD-MM-YYYY) by the merchant retailer which has not yet appeared on my billing
Statement attached in a copy of the credit slip.

PAID BY OTHER MEANS

I paid for the transaction by _____ (name the method of
Payment) attached in a copy of the front and back of my cheque/cash receipt or
Proof of payment by other means (other credit card statement)

MERCHANDISE RETURNED

I have returned the merchandise and requested a refund from the
Merchant retailer and have forwarded a copy of the proof of return.

NOT AS DESCRIBED

The goods/services are different from what was ordered or described.
On the reverse I have detailed what was expected, what was received, and
indicated my attempt to return the goods. (The cardholder must have attempted
to return the merchandise and must state so in his/her compliant.

GOODS / SERVICES NOT RECEIVED

I have not received the goods/services and contacted the
Merchant/retailer on _____ (DD-MM-YYYY) to advise him/her on the
reverse is the merchant response to my request for a refund or delivery date

ATM DISCREPANCY

The amount on my ATM slip differs from the amount billed. Attached is my receipt
showing the correct amount. The difference in amount is _____

IMPORTANT NOTE

***To prevent further misuse kindly contact our local customer service desk to have your card
account blocked and replaced with a new card number.***

Primary Cardholder Signature: _____

Supplementary cardholder Signature: _____

(Please note that Add on Cardholder signature is mandatory where the transactions disputed are
done through the Add on Card)

*Please Fax this completed form and the relevant documents to HSBC at 022 – 67444728 or mail
the documents to CHARGEBACK SECTION, Credit Card Division, Post. Box No 5080, CHENNAI
600 028.*