

CUSTOMER INFORMATION

Credit Card #		Customer Name		Date (dd-mm-yyyy)
Home Phone *	Business Phone Ext.	Cell Phone	E-mail Address	

TRANSACTION AND MERCHANT INFORMATION

Transaction Date (dd-mm-yyyy)	Transaction Amount (\$)	Merchant Name

SELECT (✓) TYPE OF DISPUTE

Do not recognize – I neither incurred nor authorized the above transactions.

Free Trial Offer – You **must** contact the merchant prior to disputing the charge, and you **must** provide proof of cancellation within the free trial period.

Item(s) ordered		
Method of enrolment	Free trial enrolment date (dd-mm-yyyy)	Free trial offer was good through (dd-mm-yyyy)
Cancellation date (dd-mm-yyyy)	Cancellation #	Merchandise was returned (dd-mm-yyyy) – Please attach proof of return (postal receipt)
Merchant's response		

Membership Cancellation – Please provide a copy of **letter, email or fax** notifying the merchant of cancellation.

Merchant was notified on (dd-mm-yyyy)	Cancellation date (dd-mm-yyyy)	Cancellation #
Reason for cancellation		
Where you advised of a cancellation policy? <input type="checkbox"/> No <input type="checkbox"/> Yes ⇨ If Yes, what were you told?		

Double Posting – Only one transaction is valid, but posted more than once. Please attempt to contact the merchant prior to disputing the charge.

Valid transaction amount (\$)	Post date (dd-mm-yyyy)	Invalid transaction amount (\$)	Post date (dd-mm-yyyy)
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Merchandise was returned – You **must** attempt to return the merchandise prior to exercising this right. **Attach signed proof of return, credit slip or postal receipt.**

Item(s) ordered	
Reason for return	
Merchandise was received on (dd-mm-yyyy)	Merchandise was returned on (dd-mm-yyyy)
Merchant's response	

SELECT (✓) TYPE OF DISPUTE (Cont'd)

Merchandise not received – Please attempt to contact the merchant prior to disputing the charge.

Item(s) ordered	
Expected delivery date (dd-mm-yyyy)	Contacted merchant on (dd-mm-yyyy)
Merchant's response	

I was overcharged for the purchases – Please include a copy of the signed sales receipt.

Valid transaction amount (\$)	Post date (dd-mm-yyyy)
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Credit did not post to my account – Please enclose a copy of the dated credit slip or notice of credit from the merchant and a detailed explanation of your dispute.

Paid by another method – You must provide proof of different method.

Merchant was notified on (dd-mm-yyyy)
Merchant's response

Card was: **LOST** **STOLEN**

Date Lost or Stolen (dd-mm-yyyy)
Was the card reported lost or stolen to the Bank? <input type="checkbox"/> No <input type="checkbox"/> Yes ⇒ If Yes, provide: Date (dd-mm-yyyy): _____ ICICI Bank location: _____
Was the incident reported to the Police? <input type="checkbox"/> No <input type="checkbox"/> Yes ⇒ If Yes, provide: Date (dd-mm-yyyy): _____ Location: _____
Police report and or occurrence number required if card is stolen. Attach a copy of the report.
Does anyone have access to your personal Identification Number (PIN)? <input type="checkbox"/> No <input type="checkbox"/> Yes ⇒ If Yes, who? _____
Have you allowed anyone to use your ATM / Debit Card? <input type="checkbox"/> No <input type="checkbox"/> Yes ⇒ If Yes, who? _____

ATM dispute – Provide proof, if any, of attempts or transaction slips..

ATM transaction attempted by me: <input type="checkbox"/> did not dispense cash (in CAD dollars) _____ <input type="checkbox"/> partially dispensed cash (in CAD dollars) _____
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Other – Please include a **detailed** description of your dispute and the steps taken to resolve it with the merchant in the additional **comments** section below or on a **separate sheet** and attach it to this form.

How did you recognize the disputed charge on your credit card?

Physical statement e-statement Call from bank SMS from bank Email from bank Identified by self
 Other (specify): _____

Additional Comments

ACKNOWLEDGEMENT AND SIGNATURE

I understand ICICI Bank Canada will place a temporary credit in the account mentioned above; however, if I do not provide all documents/information requested by ICICI Bank Canada including a notarized affidavit (if required), the credit may be reversed.

I declare that the information provided on this form is true and correct.

X _____
Customer's Signature (required)

X _____
Customer's Initials (required)

_____ **Date** (dd-mm-yyyy)

FOR OFFICE USE ONLY

_____ **Financial Service Officer's Name**

X _____
Financial Service Officer's Signature

_____ **Date** (dd-mm-yyyy)