

ICICI Complaint ID: SR-100 5894463
Cyber Police Complaint: 3250 92400 17502

Card Dispute Form

Card Number

4 3 1 5 8 1 2 3 7 2 6 5 2 0 0 8

Details of disputed items

Charge details shown in my statement dated _____

Transaction Date	Merchant Name	Transaction Amount	Disputed Amount
4-Sep-2024	OCULUS*, Dublin, IE	8,401.38/-	8,401.38/-

I am disputing the transaction(s) listed above for the reasons below and request you to settle the cases.

- ☒ I have neither incurred nor authorised the above transactions.
- ☐ I have been charged twice for the same transaction.
- ☐ I have incurred one transaction dated _____ at the above merchant's establishment. However, I have not incurred or authorised the transactions listed above. Attached is the copy of my charge slip for the original transaction.
- ☐ The transaction amount incurred was ₹ _____, but I have been billed for ₹ _____. Attached is my copy of the charge slip showing the actual amount.
- ☐ I have never received the ordered merchandise whose delivery date was _____. Attached is a copy of my letter to the merchant attempting to resolve the dispute.
- ☐ My hotel reservation was cancelled on _____. However, I have been billed a 'No-Show' charge. The cancellation number is _____.
- ☐ I already paid the transaction amount by other means and the evidence is enclosed. Paid by Cash/Cheque/DD/Credit Card _____ dated _____. Enclosed is a copy of my Cash Memo/Bank Statement/Payment Counterfoil/Card Statement.
- ☐ The credit voucher was issued on _____ but not processed to my account. Attached is a copy of my Credit/Refund Slip/Cancellation Letter from the merchant establishment.
- ☐ ATM transaction attempted by me did not dispense cash for ₹ _____
- ☐ ATM transaction attempted by me partially dispensed cash for ₹ _____ Attached is my copy of the ATM slip.
- ☐ Others (any additional comments)

DECLARATION>: I hereby affirm that the information furnished above is true to the best of my knowledge. My card was in my possession and control at the time of the transactions in question.

Name: ANIRUDH KATARIA

Phone/Fax: 8968787820

Date: 4 September 2024

Cardholder's Signature

Type of Transaction	List of additional documents required (For Point-of-Sale or ATM fraud disputes only)
Domestic/International	<input checked="" type="checkbox"/> Copy of the Card on which the dispute is being raised <input checked="" type="checkbox"/> Copy of any one Photo ID proof (Please carry the original document for verification) <input type="checkbox"/> If the cardholder was in the same location where the disputed transaction took place, please provide any of these documents for the date of the disputed transaction: a) HR Letter (With the Company letterhead duly signed and stamped), b) Hotel stay proof, c) Statement of usage of any other bank card on the date of the disputed transactions or d) Itemised postpaid mobile bill of the cardholder