

SHARAD SAHAKARI BANK LTD., MANCHAR

Please Submit SEPARATE forms for each claim
ATM CLAIM-CHARGEBACK APPLICATION FORM

To,
The Charge back unit, Head Office,
Sharad Sahakari Bank Ltd., Manchar.

Date: _____
Branch: _____
Claim reference No. _____

Card Holder Name: _____
Mobile: _____

Card No.-																				
Account No :-																				

***Fill below details from your ATM Transaction Slip**

ATM Bank Name	
ATM Location	
Transaction No	
ATM ID	
Date of Transaction	
Time of Transaction	
Partial withdrawal details	Transaction Amount:
	Dispute Amount:
Proof of evidence given (Xerox copy of ATM)	
Void code (error) occur on slip	

I declare that above given information is true and correct to my knowledge. I understand that I can be held liable for all charges incurred if dispute raised by me is found invalid. Cash withdrawal transaction effected by me at the address mentioned above was not completed, but my account was debited for the amount. I request you to credit the above claim amount to my account. I also know that the above amount can be claim back by the acquiring bank within the stipulated period from the date of settlement. In such case, I authorize the Sharad bank to debit my above-mentioned account for the amount without any reference to me. I also undertake to bring the account into credit in case my account is overdrawn because of the above debit.

***I/we here by agree to indemnify the Bank in case, if the Subject Chargeback is 'REPRESENTED/ REJECTED' by the acquiring Bank. I/we understand that resolution of this chargeback shall take 7 working days for ATM TXN.**

***Claim received after 2 pm will be processed on next working day**

Cardholder's Signature _____ **Date:-** _____
Time:- _____

Branch Official Signature _____ **Branch Stamp** _____

FOR CHARGE BACK UNIT

We have verified the above particulars in the CBS system and ATM raw data file given by NPCI. The transaction nature is identified and found suspicious. Hence we raised a chargeback.

Chargeback Raise on _____ Claim Reference No. _____

Date of CB Transaction _____ Date of CB Refund to customer _____

Represent Amount (if any) _____ Refund to Sponsor Bank Date _____

ACKNOWLEDGEMENT (To Customer)

We hereby acknowledge the receipt of your claim on (date): _____ for the A/c no. _____ Amount INR. _____ and transaction date: _____

Claim Reference Number: [CRN] _____

**Authorized signatory of
Sharad bank**