CARD MEMBER DECLARATION FORM

Credit/Debit Card number* ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Please mention your previous 2 Card numbers (if re-issued) 1. ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

2. ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

* If the charge was incurred by your additional cardholder, request your additional cardholder to fill the declaration

Dear Sir,

You are kindly requested to review the charge(s) (Details below), which has been billed to my account. I have specified the reason(s) and am enclosing relevant documents as per Section B,

A) CHARGE DETAILS

(as shown on my statement dated):___/___/_____

Sale Date	Reference No.	Amount	Merchant Name

B) REASON FOR REVIEW

☐ I certify that the charge(s) listed above have NOT been incurred by me nor have I received any goods / services through the charge(s), and the card IS in my possession.

☐ I certify that the charge(s) listed above have NOT been incurred by me nor have I received any goods / services through the charge(s), and the card IS NOT in my possession.
The card was lost / stolen / never received on _____ (DD/MMM/YY)

☐ The amount of transaction is incorrect. I was charged ₹_____. I should have been charged ₹_____
(Enclosed is a copy of my charge slip)

☐ I have not incurred the above charge(s) but I did engage in a transaction of ₹_____ on dt _____ at the same merchant outlet. (Enclosed is a copy of my charge slip)

☐ I have been billed more than once for the charge. I have authorized only one of these charges.

☐ I have settled the charge directly with the Merchant Establishment through Cash / Cheque / Other (Circle One & Specify). (Enclosed is the copy of the RECEIPT issued by the Merchant Establishment evidencing direct settlement)

☐ I expected to receive goods / services by dt _____against the above charge(s) from the Merchant Establishment. The goods / services have never been received. (Enclosed is a copy of my correspondence with the Merchant Establishment)

☐ I returned the merchandise against the above charge (Enclosed is a copy of the postal / courier receipt evidencing return of merchandise and my correspondence with the Merchant Establishment)

☐ I cancelled the subscription / membership / policy (circle one) against the above charge(s) on dt _____ (Enclosed is a copy of my letter / email to the Merchant Establishment & Cancellation confirmation from the Merchant Establishment)

☐ The merchant did not process Credit / Refund as agreed (Enclosed is copy of Credit Slip / Refund document) HOTEL Reservation

☐ I have cancelled the reservation on dt _____ under the cancellation code_____.

☐ I have not made any reservation

ATM Dispute

☐ I tried to withdraw cash from ATM, but no cash was dispensed.

☐ I tried to withdraw ₹_____ from ATM, but received only ₹ _____ from the ATM.

Others (Please Specify)_____

C) DECLARATION

I hereby affirm that the information furnished above is true to the best of my knowledge.

Signature_____ Date___/___/ _____

IMPORTANT

Please enclose the relevant statement copy duly marking the disputed amount(s). Please include all relevant documents such as your charge slip copy, correspondence with the merchant, cash receipt, postal receipts etc., to enable us review further.

Please send this form through email / fax / courier / registered mail along with the enclosures within 7 days of receipt of this CDF failing which any temporary credits provided earlier will be reversed.

Attention: CIU
Toll Free# 1800-425-5757

Citibank N.A,
Mail Room,
No.2, Club House Road,
Chennai - 600 002

Visit us at: www.citibank.com/india

CGS/CMD Form/Ver-1.0/Aug 11