



## DISPUTE RESOLUTION FORM (DRF) FOR POS/ONLINE TRANSACTIONS

Full Name	
Card Number	
Cardholder's Account Number (full 16 digits)	

### Details of Disputed Transactions(s)

Date and Time of Transaction (DD/MM/YYYY HH:MM AM/PM)	
Transaction Amount in Rs.	
Disputed Amount in Rs.	
Date and Time the Complaint Received at Branch (DD/MM/YYYY HH:MM AM/PM)	
Merchant Name	
Merchant Location (with State and Country)	
Mode of Transaction	<input type="checkbox"/> POS <input type="checkbox"/> ONLINE
Transaction Approval Method	<input type="checkbox"/> PIN <input type="checkbox"/> OTP <input type="checkbox"/> NFC/Tap-&-Pay <input type="checkbox"/> CVV
Complaint Level	<input type="checkbox"/> Chargeback <input type="checkbox"/> Pre-Arbitration <input type="checkbox"/> Arbitration <input type="checkbox"/> Appeal

### Type of Cardholder Dispute (Tick One)

<input type="checkbox"/> Goods or service were not as described or defective, includes shipped merchandise received damaged or not suitable for its intended purpose or merchant didn't honor the terms and conditions of a contract: i. Delivery date of Goods or Service: ___/___/_____(DD/MM/YYYY) ii. Cardholder has contacted merchant for resolution Date: ___/___/_____(DD/MM/YYYY)
<input type="checkbox"/> Goods or Services were not provided for debit incurred in account: i. Expected delivery date of Goods or Service: ___/___/_____(DD/MM/YYYY)
<input type="checkbox"/> Card holder paid for goods or service by other means: i. Alternative means of payment details: _____ (Provide details if paid by cash/online transfer)
<input type="checkbox"/> Duplicate processing of transaction (Cardholder was debited more than once for same goods/services)
<input type="checkbox"/> Credit or Refund not processed: i. Return or Cancellation date of merchandise: ___/___/_____(DD/MM/YYYY)
<input type="checkbox"/> Cardholder was debited an incorrect amount. (Transaction amount more than billed value)
<input type="checkbox"/> Counterfeit goods alleged to be authentic were purchased.
<input type="checkbox"/> Cardholder did not authorize the transaction. (Authorization related dispute)
<input type="checkbox"/> Cancelled recurring transaction (Prior to billing) i. Cancellation date: ___/___/_____(DD/MM/YYYY)

Account Holder Name & Signature: \_\_\_\_\_

Cardholder Participation:



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Did the card holder participate in the transaction?  Yes  No

Description for Dispute Raised by Cardholder\*:

Brief explanation on cardholder's attempt to resolve the dispute with merchant establishment and the details of merchant establishment's response. (\*Mandatory)

[Empty box for description]

Turn Around Time and Charges Applicable for Dispute Resolution

Table with 4 columns: Product, TAT for Complaint/Chargeback, TAT for Pre-Arbitration, TAT for Arbitration. Rows include Visa, MasterCard, RuPay, and RuPay Prepaid Card.

Charges Applicable

Table with 5 columns: Product, Chargeback, Pre-Arbitration, Arbitration Charges#, Appeal Charges##. Rows include RuPay, Visa, and MasterCard.

#All the charges attract applicable GST.

# Additional Violation fee of USD 250.00 and USD 150.00 will be applicable for Visa and MasterCard respectively, if dispute is raised against genuine transaction.

# #If Customer is not satisfied with the Arbitration verdict, the customer has an option to escalate to next level, which is Appeal (only for MasterCard and Visa). Appeal charges are non-refundable. The amount shall be paid by the customer upfront, if the customer prefers to escalate the dispute to Appeal.

Customer Declaration:

I declare that the information given above is true and correct to the best of my knowledge. I understand that I can be held liable for all charges incurred before the time of reporting of loss/theft and if dispute raised by me is found invalid, I agree to pay the charges levied by South Indian Bank for the same.

Cardholder Name & Signature: \_\_\_\_\_

Date: \_\_/\_\_/\_\_\_\_\_

Branch Declaration:

I declare that the above facts were obtained based on my discussion with the cardholder and those facts are true and correct to the best of my knowledge.

Branch Head/BOM Name & Signature: \_\_\_\_\_

Date: \_\_/\_\_/\_\_\_\_\_

Prior to raising complaint through bank channel, cardholder must initiate a resolution attempt with merchant establishment. Cardholder should provide details of attempt made with merchant to resolve the issue.

- A.** To identify the disputed transaction, Card Number, Name of cardholder, Trace number as per Finacle, transaction date and disputed amount to be filled.
- B.** Mark on appropriate options provided to identify the type of dispute against complaint raised by card holder.
- C.** Make sure to select or populate data for sub-heads under certain type of disputes.
- D.** Cardholder's participation in the transaction should be marked.
- E.** Description for dispute raised should include following:
  - a. Details of cardholder engaged in the transaction with the merchant establishment and did not receive goods or service that were to be provided or did not receive on agreed location or date.
  - b. Expected arrival or performance date as conveyed by the merchant establishment.
  - c. Description of goods or service opted by cardholder.
  - d. Goods return date to merchant.
  - e. Explanation on cardholders attempt to resolve dispute with merchant directly and response from merchant which include un-edited E-Mail/letter/conversation. (Common for all disputes)
- F.** Attach all the documents as mentioned by cardholder in his/her description along with this DRF in complaint module to establish the facts said by cardholder.

**Documents required:**

- a. Goods/services not provided for debit incurred in account of cardholder: Goods description and its expected delivery date and address provided by merchant
  - b. If goods returned to merchant and refund not processed: Goods return acknowledgement.
  - c. Duplicate processing of transaction: Provide details of second debit and invoice copy for goods purchased.
  - d. Paid by alternative means: Provide the details of payment made by cardholder other than Card. If by cash, then provide cash receipt. For online transfer provide the screenshot of payment receipt.
  - e. Cardholder was debited for incorrect amount: Copy of Invoice/bill for goods purchased.
  - f. Counterfeit goods alleged to be authentic were purchased: Copy of invoice/bill for goods purchased along with description of same.
  - g. Cardholder did not authorize the transaction: Cardholder if not participated in transaction, to provide proof to establish this fact.
  - h. Cancelled recurring transaction: Cardholder termination of recurring transaction if pre-authorized.
- G.** Affix signature of cardholder on DRF.
  - H.** Branch Head/Branch Operation Manager authorize the DRF after obtaining accurate data from cardholder over the disputed transaction.