

Please submit SEPARATE forms for each claim

CHARGE - BACK CLAIM FORM (CCF) FOR POS TRANSACTION

REQUEST FOR REVERSAL OF FAILED POS TRANSACTION

To: The Branch Manager
Tripura State Cooperative Bank Limited
_____ [Name of the Branch]*

A. ATM Card No. :
Account Type SB/CD/OD Account No.:

Name of the Account Holder:

REQUEST FOR REVERSAL OF FAILED TRANSACTION AT
POINT OF SALE (POS) FOR PURCHASE OF GOODS/SERVICES.

B. I give details of my following POS transaction:-

Name and address of the Shop:

Transaction Date:

Transaction Number:

Transaction Amount:

Reasons for making claim:

C. Cardholder's Address:

Mobile No.:

Fax:

E-mail ID (if any):

Enclo: 1)
2)
3)

For Branch Use: - To, The G.M., Tripura State Cooperative Bank Ltd., Head Office, Agartala, West Tripura, Pin- 799001.

We confirm that the customer's account is debited as above and that the Transaction amount/difference amount has not been credited back to the Customer Account.

Date: / /

Signature of Branch Manager

Signature of Card Holder

