

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. The Bank may contact me whenever it requires any further information.

Email ID*: _____

Mobile No* : _____

Cardholder's Signature*

Date* : _____

* Mandatory Fields

Important Note:

Any transaction dispute needs to be reported to the Bank in writing within 60 days from the date of the disputed transaction.

For authorized transactions, an attempt to resolve the dispute with the merchant must be made first before we can take action on your claim.

Please ensure to provide appropriate documentation as indicated against the dispute reason which would enable us to make every possible effort to assist in resolving your dispute.

Please send the duly filled CDF from your registered email ID to spsbankltd@gmail.com / spsbank@srnpsbank.in