

The Karur Vysya Bank Limited
Alternate Channel Transactions Claim Form (M - 322)

To,
The Branch Manager,
The Karur Vysya Bank Limited,
-----, (Branch Name)
----- . (City)

Customer Information	
Name	
Account Number	
Details of the Claim	
Card Number	
Date of transaction	
Amount	
Reference Number (s)	
Other information (If any)	

Nature of Transaction :

- IMPS Internet Banking Bill payment Cash withdrawal from ATM
 Cash deposit in CDM Electronic Toll Collection Bharath Bill Payment
 UPI Push / Pull Transactions

Reason:

- Transaction Failed Partially Failed Fraudulent transaction

Signature of the Customer

Contact Number:

Date:

Mail ID:

-----For Office purpose only-----

Remarks (If any):

Signature of Collecting Official/Emp Code

The Karur Vysya Bank Limited
 Alternate Channel Transactions Claim Form (M - 337)
 Nature of Disputed Transaction - POS / E – POS

To,
 The Branch Manager,
 The Karur Vysya Bank Limited,
 -----, (Branch Name)
 ----- . (City)

Customer Information	
Name	
Account Number	
Details of the Claim	
Card Number	
Date of transaction	
Amount	
Reference Number (s)	

(Please tick the ONE that is most appropriate)

- I do not recognize the transaction / have not participated in the transaction, please clarify.
Please note that if you have ticked this box your card may be blocked and you may be asked to return your card.
- I did only one transaction for Rs. _____ on ___ / ___ / ___. It appears to be duplicated on ___ / ___ / ___.
- I did only one transaction for Rs. _____ on ___ / ___ / ___. It appears to be processed for the incorrect amount of Rs. _____.
- A credit for Rs. _____ was not processed on ___ / ___ / ___. Merchandise was returned / Services were cancelled on ___ / ___ / ___. I last contacted the merchant about this matter on ___ / ___ / ___.
- I have not received the goods or services I have paid for. They were expected on ___ / ___ / ___. I have contacted the merchant to try and resolve this matter on ___ / ___ / ___.
- The goods or services I have paid for were damaged / defective or not as described. I returned the goods / cancelled the services on ___ / ___ / ___. I have contacted the merchant to try and resolve this matter on ___ / ___ / ___.
- I paid for the goods or services by other means and my card / account was debited. E.g. cash, another credit card, cheque.

I further confirm that I am not taking any other action in relation to this dispute.

Signature of the Customer
 Date:

Contact Number:
 Mail ID:

-----For Office purpose only-----

Remarks (If any):

Signature of Collecting Official/Emp Code