

| CUSTOMER INFORMATION |                   |                                  |            |
|----------------------|-------------------|----------------------------------|------------|
| Credit/Debit Card #  | Date (dd-mm-yyyy) | Customer Name                    |            |
| Customer Phone #     | Home Phone *      | Business Phone *<br>Ext.         | Cell Phone |
| E-mail Address       |                   | Reference Service Request Number |            |

| TRANSACTION AND MERCHANT INFORMATION |                         |               |
|--------------------------------------|-------------------------|---------------|
| Transaction Date (dd-mm-yyyy)        | Transaction Amount (\$) | Merchant Name |
|                                      |                         |               |
|                                      |                         |               |
|                                      |                         |               |
|                                      |                         |               |
|                                      |                         |               |

## SELECT (✓) TYPE OF DISPUTE

☐ **Do not recognize** – I neither incurred nor authorized the above transactions.

☐ **Free Trial Offer** – You must contact the merchant prior to disputing the charge, and you must provide proof of cancellation within the free trial period.

|   |  |   |
|---|--|---|
| Item(s) ordered                               |  |   |
| Method of enrolment (Mail, Phone or Internet) | Free trial enrolment date (dd-mm-yyyy) | Free trial offer was good through (dd-mm-yyyy)  |
| Cancellation date (dd-mm-yyyy)                | Cancellation #                         | Merchandise was returned (dd-mm-yyyy) – <b>Please attach proof of return (postal receipt)</b> |
| Merchant's response                           |  |   |

☐ **Membership Cancellation** – Please provide a copy of **letter, email or fax** notifying the merchant of cancellation

|  |                                |                |
|--|--------------------------------|----------------|
| Merchant was notified on (dd-mm-yyyy)  | Cancellation date (dd-mm-yyyy) | Cancellation # |
| Reason for cancellation  |                                |                |
| Where you advised of a cancellation policy? <input type="checkbox"/> No <input type="checkbox"/> Yes ⇨ If Yes, what were you told? |                                |                |

☐ **Double Posting** – Only one transaction is valid, but posted more than once. Please attempt to contact the merchant prior to disputing the charge.

|                               |                        |                                 |                        |
|-------------------------------|------------------------|---------------------------------|------------------------|
| Valid transaction amount (\$) | Post date (dd-mm-yyyy) | Invalid transaction amount (\$) | Post date (dd-mm-yyyy) |
|-------------------------------|------------------------|---------------------------------|------------------------|

☐ **Merchandise was returned** – You must attempt to return the merchandise prior to exercising this right. **Please attach signed proof of return, credit slip or postal receipt.**

|                                       |                                       |
|---------------------------------------|---------------------------------------|
| Item(s) ordered                       |                                       |
| Reason for return                     |                                       |
| Merchandise was received (dd-mm-yyyy) | Merchandise was returned (dd-mm-yyyy) |
| Merchant's response                   |                                       |

**SELECT (✓) TYPE OF DISPUTE (Cont'd)**

☐ **Merchandise not received** – Please attempt to contact the merchant prior to disputing the charge.

Item(s) ordered

Expected delivery date (dd-mm-yyyy)

Contacted merchant (dd-mm-yyyy)

Merchant's response

☐ **I was overcharged for the purchases** – Please include a copy of the signed sales receipt.

Valid transaction amount (\$)

Post date (dd-mm-yyyy)

☐ **Credit did not post to my account** – Please enclose a copy of the dated credit slip or notice of credit from the merchant and a detailed explanation of your dispute.

☐ **Paid by another method** – You must provide proof of different method.

Merchant was notified on (dd-mm-yyyy)

Merchant's response

☐ **Card was:** ☐ **LOST** ☐ **STOLEN**

Date Lost or Stolen (dd-mm-yyyy)

Date the card was reported lost or stolen to the Bank:

Date (dd-mm-yyyy) \_\_\_\_\_ ICICI Office \_\_\_\_\_

Was the incident reported to the Police?

☐ No ☐ Yes ⇒ If Yes, provide: Date (dd-mm-yyyy) \_\_\_\_\_ Location: \_\_\_\_\_

Police report and or occurrence number required if card is stolen. Attach a copy of the report.

Does anyone have access to your Personal Identification Number (PIN)?

☐ No ☐ Yes ⇒ If Yes, who? \_\_\_\_\_

Have you ever allowed anyone to use your ATM/Debit Card?

☐ No ☐ Yes ⇒ If Yes, who? \_\_\_\_\_

☐ **ATM dispute** – Provide proof, if any, of attempts or transaction slips.

ATM transaction attempted by me:

☐ did not dispense cash (in CAD dollars) \_\_\_\_\_ ☐ partially dispensed cash (in CAD dollars) \_\_\_\_\_

☐ **Other** – Please include a **detailed** description of your dispute and the steps taken to resolve it with the merchant in the additional **comments** section below or on a **separate sheet** and attach it to this form.

**How did you recognize the disputed charge on your card?**

☐ Physical statement ☐ e-statement ☐ Call from bank ☐ SMS from bank ☐ Email from bank ☐ Identified by self

☐ Other (specify): \_\_\_\_\_

## Additional Comments

## ACKNOWLEDGEMENT AND SIGNATURE

I declare that the information provided on this form is true and correct.

X  
Customer's Signature (required)

X  
Customer's Initials (required)

\_\_\_\_\_  
Date (dd-mm-yyyy)