From:		Date:	
То			
The Ma	anager		
GP Par	sik bank Ltd.,		
	Branch		
		Sub: POS/ECOM transaction dispute	
		Ref No. Rupay Debit Card No:	
Sir/Ma	idam,		
	eference to above I wish to	o inform you that following transaction amount is debited to my $\_$ with your branch.	y account
1)	Amount of transaction	: Rs	
2)	Transaction No.	:	
3)	Date of Transaction	:	
4)	Name of Beneficiary	:	
Howev	er I request you to claim F	Rs from the beneficiary for the below mentioned re	ason:
1)	Goods or services not re-	ceived.	
2)	Paid by alternate means.		
3)	Credit not processed for	cancelled/returned goods and services.	
4)	Credit posted as debit.		
5)	Goods & Services not as	described or Cardholder received defective Goods & Services.	
6)	Any other reason:		
I am er	nclosing / have not receive	ed transaction charge slip of the said transaction.	
	nnly confirm that the abov s my claim at the earliest.	e mentioned information is true and correct and I request you t	:o
		ttlement of above dispute may range 30 days from the date of ys excludes bank holidays)	
Thanki	ng you.		
Encl:		Yours faithfully	
		ACKNOWLEDGEMENT	
		ated from Mr/Mrs dated dated	
		laim is 30 days from the date of claim	
•	rized Signatory		
GP Par	rsik Bank Ltd. Branch		