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CARD MEMBER DECLARATION FORM

Credit/Debit Card number*			
Please mention your previous	2 Card numbers (if re-issued) 1. 2.		
Dear Sir,	v your additional cardholder, reque	st your additional cardholder	r to fill the declaration
and am enclosing relevant doc A) CHARGE DETAILS (as shown on my statement da	uments as per Section B,		
Sale Date	Reference No.	Amount	Merchant Name
B) REASON FOR REVIEW			
I certify that the charge(s) listed above have NOT been incurred by me nor have I received any goods / services through the charge(s), and the card IS in my possession.			
 I certify that the charge(s) listed above have NOT been incurred by me nor have I received any goods / services through the charge(s), and the card IS NOT in my possession. The card was lost / stolen / never received on (DD/MMM/YY) 			
The amount of transaction is incorrect. I was charged ₹ I should have been charged ₹ (Enclosed is a copy of my charge slip)			
I have not incurred the above charge(s) but I did engage in a transaction of ₹ on dt at the same merchant outlet. (Enclosed is a copy of my charge slip)			
□ I have been billed more than once for the charge. I have authorized only one of these charges.			
 I have settled the charge directly with the Merchant Establishment through Cash / Cheque / Other (Circle One & Specify). (Enclosed is the copy of the RECEIPT issued by the Merchant Establishment evidencing direct settlement) 			
□ I expected to receive goods / services by dtagainst the above charge(s) from the Merchant Establishment. The goods / services have never been received. (Enclosed is a copy of my correspondence with the Merchant Establishment)			
I returned the merchandise against the above charge (Enclosed is a copy of the postal / courier receipt evidencing return of merchandise and my correspondence with the Merchant Establishment)			
I cancelled the subscription / membership / policy (circle one) against the above charge(s) on dt (Enclosed is a copy of my letter / email to the Merchant Establishment & Cancellation confirmation from the Merchant Establishment)			
The merchant did not process Credit / Refund as agreed (Enclosed is copy of Credit Slip / Refund document) HOTEL Reservation			
□ I have cancelled the reservation on dt under the cancellation code			
I have not made any reservation ATM Dispute			
□ I tried to withdraw cash from ATM, but no cash was dispensed.			
	from ATM, but received only		
C) DECLARATION			
I hereby affirm that the information furnished above is true to the best of my knowledge.			
Signature Date//			
IMPORTANT Please enclose the relevant state	ement copy duly marking the disputed	amount(s). Please include all r	elevant documents such as your charge

slip copy, correspondence with the merchant, cash receipt, postal receipts etc., to enable us review further.

Please send this form through email / courier / registered mail along with the enclosures within 7 days of receipt of this CDF failing which any temporary credits provided earlier will be reversed.



retail.dox.india@citi.com



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