

IMPS & UPI DISPUTE FORM

(To report disputes related to IMPS & UPI Transactions)

**नवी मुंबई को-ऑप. बँक लि.**
NAVI MUMBAI CO-OP. BANK LTD.To
IMPS & UPI Section
Navi Mumbai Co-operative Bank Ltd.
Branch

Dispute Serial Number

(FOR BRANCH USE ONLY)

Customer No. Account No.

Name : _____

Mobile No. : _____ Email ID : _____

Please mention your Navi
Mumbai Bank Cust ID number
and your Navi Mumbai Bank
account number.**DETAILS OF THE DISPUTED ITEM(S):**

Transaction Date (dd/mm/yyyy)	Merchant Name IMPS & UPI.	Transaction Type (IMPS & UPI)	Transaction Amount (Rs.)	Disputed Amount (Rs.)

I am disputing the transaction(s) mentioned above for the following reason(s): | (Please select from options shown below)**IMPS & UPI TRANSACTIONS:**

- Transaction debited multiple times to my Account whereas I did only _____ number of transaction(s).
- Transaction not completed but my Account was debited, and the amount was not re-credited to my Account.
- I did a transaction for Rs. _____ but the amount of Rs. _____ was debited to my Account.

FRAUDULENT TRANSACTIONS:

- I have not participated in or authorised the above transaction(s). The Mobile App was in possession of mine at all times.
- My Account transactions on date _____ and was reported to the Bank on date _____
Still, my account was debited.

Description of the transaction made/disputed (Attach separate sheet if required)

(Important: Attach a copy of charge-slip, screenshot, valid document showing failed transaction as applicable.)

I declare that the above given information is true and correct to my knowledge. I understand that I can be liable for all charges incurred if the dispute raised by me is found invalid. I agree to pay the charges levied by the Bank for same including the cost incurred for investigation of may claim. By ticking the option for Fraudulent Transactions, I permit Navi Mumbai Co-Operative Bank Ltd to de-activate the account number on which the transaction(s) took place.

Date: _____ Place: _____

USE ONLY:

Account holder's Signature

Branch Name: _____

Date of Receipt of the Dispute Form : _____

Time of Receipt of the Dispute Form : _____

Account No Blocked on date (in case of Fraud) : _____

Signature of Branch Official (Please affix round stamp)

Name: _____ Staff No. _____