

**Please submit SEPARATE forms for each claim**

**CHARGE - BACK CLAIM FORM (CCF) FOR POS TRANSACTION  
REQUEST FOR REVERSAL OF FAILED POS TRANSACTION**

To: The Branch Manager

The Keshav Sehkari Bank Limited

\_\_\_\_\_ [Name of the Branch] \*

**A. ATM Card No.:**

**Account Type SB/CA Account No.:**

**Name of the Account Holder:**

REQUEST FOR REVERSAL OF FAILED TRANSACTION AT  
POINT OF SALE (POS) FOR PURCHASE OF GOODS/SERVICES.

**B. I give details of my following POS transaction: -**

Name and address of the Shop:

Transaction Date:

Transaction Number:

Transaction Amount:

Reasons for making claim:

\_\_\_\_\_

**C. Cardholder's Address:**

\_\_\_\_\_

\_\_\_\_\_

**Mobile No.:**

**Fax:**

**E-mail ID (if any):**

Encl: 1)

2)

3)

Date: / /

Signature of Branch Manager

Signature of Card Holder