Saraswat Bank
Saraswat Co-operative Bank Ltd.
(Scheduled Bank)

*CRS Ticket No: - _____

CREDIT INFORMATION COMPANY DISPUTE FORM

(Please fill in Capital letters only (Fields marked with * are mandatory)

Please fill in your details in the below fields to proceeds to raise a dispute.

*Type of Account: - ☐ Corporate ☐ Individual Date: - __/__ /____

(Please tick)

*Name: -

*Residential/Office Address:-

*Date of Birth/Date of Incorporation: -

*Registered Mobile No: -

*Registered Email ID: -

*Compensation: - (If any paid to)

15 Digit Account No.

*Bank Name: - _____ *Branch: -_____

*Account Name: - _____

*IFSC Code: -

UPI ID:-

*Dispute Account No: -

1)															
2)															
3)															
4)															
5)															

*Dispute Account Relation: - ☐ Ownership ☐ Joint Account ☐ Guarantor

*Dispute Related to: -

☐ Closure ☐ Suppression

☐ Overdue Related/DPD ☐ Balance Related ☐ Others: - _____

1) 2) 3)

Signature of Account Holder's /Authorised Signatories

(In case of Corporate Accounts Rubber Stamp of Company required)

**By signing, I hereby authorize Saraswat Bank to obtain my Credit Information report from any CIC solely for the purpose of investigating my dispute I also acknowledge that this consent is valid for a period deemed necessary by the bank to complete the assessment process.

Acknowledgement: - We acknowledge the receipt of your dispute raised related to Credit Information Company

Name of the Account Holder: - **Account No: -**

Branch Stamp & Sign: - **Date of Receipt: -**

CIC REPORT SHARED YES/NO