

COMPLAINT SUBMISSION FORMAT FOR CREDIT BUREAU DISPUTE**Identification Information**

Existing Customer * Yes/No _____ Customer ID* (When existing customer mentioned "Yes") _____

Full Name*: First Name _____ Middle Name _____ Last Name _____ Date of Birth*: DD/MM/YYYY _____

Address*: _____

City*: _____ State*: _____ Pin code*: _____

Phone Number-1*: _____ Phone Number-2: _____

PAN: _____ Voter ID: _____ Driving Licence: _____

Passport No: _____ UID (Last 4 digits): ***** _____ (At least 2 ID proof documents are mandatory)

Email ID*: _____ Bank Account Number*: _____

Bank Name*: _____ IFSC Code*: _____

Fields marked with an asterisk (*) are mandatory.

Bureau Reference Number*: _____

Dispute Account Information-1

Institution Name: _____ Account Type: _____

Date Opened: DD/MM/YYYY Disbursed Amount: _____ Account Number: _____

Reason for dispute (Select the most appropriate option)

☐ Account Closed ☐ Account Doesn't belongs to me ☐ Ownership indicator ☐ Inquiry Removal

☐ Current/Previous Payment status Incorrect ☐ Last Payment Date/Closed date Incorrect

Other (please explain)

Dispute Account Information-2

Institution Name: _____ Account Type: _____

Date Opened: DD/MM/YYYY Disbursed Amount: _____ Account Number: _____

Reason for dispute (Select the most appropriate option)

☐ Account Closed ☐ Account Doesn't belongs to me ☐ Ownership indicator ☐ Inquiry Removal

☐ Current/Previous Payment status Incorrect ☐ Last Payment Date/Closed date Incorrect

Other (please explain)

COMPLAINT SUBMISSION FORMAT FOR CREDIT BUREAU DISPUTE**Dispute Account Information-3**

Institution Name: _____ Account Type: _____

Date Opened: DD/MM/YYYY Disbursed Amount: _____ Account Number: _____

Reason for dispute (Select the most appropriate option)

- ☐ Account Closed ☐ Account Doesn't belongs to me ☐ Ownership indicator ☐ Inquiry Removal
- ☐ Current/Previous Payment status Incorrect ☐ Last Payment Date/Closed date Incorrect
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The dispute request form can be emailed/Couriered to the following contact details of the bank.

Email id: Credit-Bureau-Dispute@ujjivan.bank.in

Telephone No.: 080-40712121 Ext-249

Nodal office timings: 9am to 6pm (Mon to Fri)

Address: UJJIVAN SMALL FINANCE BANK LIMITED, corporate office, GRAPE GARDEN, No.27, 3D A CROSS, 18th MAIN, 6th BLOCK KORAMANGALA, BENGALURU-560095

List of documents copies required:

1. Complete credit information report
2. Copy of Identity Proofs mentioned in Identification info section

DECLARATION:

I authorize Ujjivan Small Finance Bank Ltd. ("the Bank") to use the data and information shared by me through this document, either by the Bank or its agents or representatives or employees, and I shall not at any time raise any objection or dispute or claim against the Bank or its agents or representatives or employees. I am aware and acknowledge that the Bank and/or the CIC shall be able to provide resolution of the herein mentioned grievances only if I share complete information related to the subject, and I undertake to provide additional information if the Bank/CIC notifies me. I am also aware and acknowledge that resolution of this grievance is dependent on certain processes, which will be time consuming, and I will be notified of the outcome once the processes are completed. By sharing the mobile number and e-mail Id I certify, warrant, and represent that the given mobile number and the e-mail are within my exclusive usage and domain, and the same do not belong to and are not used by any other person, and I am permitted to receive messages and calls which are meant for me as the recipient. I consent to receive communications through SMS, instant messaging and other modes of communication, including through WhatsApp platform, telephone calls (pre-recorded and/or artificial voice and/or auto-dialled and/or voice-over-IP service) from the Bank, its agents, and employees.

I confirm that I have perused (or have been explained in the language known to me) the guidelines issued by the RBI on Framework for Compensation to Customers for Delayed Updation/Rectification of Credit Information and I confirm that the herein mentioned complaint/grievance does not fall under the exempted categories mentioned therein.

I authorise the Bank to access the records of CICs for obtain any information in order to process this request for resolution.

I hereby declare that each and single information submitted by me as above is true and valid to the best of my knowledge and I am aware that the Bank will not be held responsible for delay in timely redressal of the herein mentioned grievance, if the same occurs due to inaccurate/misleading information provided by me.

Customer Signature: _____

Date: _____

Place: _____

In case your grievance does not get resolved at the bank level within 30 days of submitting complete information related to your grievance, you have the right to approach the integrated banking ombudsman by filling an online complaint at <https://cms.rbi.org.in>