

FAIL ATM TRANSACTION COMPLAINT FORM

To, The Branch Manager,
The Bicholim Urban Co-Operative Bank Ltd
Branch _____

1. Customer Information:

Name of the Customer : _____
Branch (Which is linked to ATM card) : _____
Account No : _____
Debit Card/ATM Card No : _____

2. ATM Information:

ATM ID/Location (if ID is not available) : _____
Name of the Bank ATM : _____
(Where the ATM card is used) : _____

3. Nature if the Complaints:

a) Complaint relating to Cash withdrawal:

Amount requested for withdrawal [Rs.]

Amount actually disbursed at ATM [Rs.]

Amount debited to the Account [Rs.]

Date of Transaction [Rs.]

Time of Transaction [Rs.]

b) Card Capture by ATM []

c) Other Complaints

Date: -

Signature of the Card Holder
Contact No:-

[FOR OFFICE USE ONLY]

We confirm that the particulars mentioned hereinabove and the signature of the account holder are verified by us

For THE BICHOLIM URBAN CO – OPERATIVE BANK LIMITED

OFFICER/BRANCH MANAGER

[FOR ATM CELL USE ONLY]

Charge back : Raised on Accepted/Rejected on:
Pre-arbitration : Raised on Accepted/Rejected on:
Arbitration : Raised on Accepted/Rejected on:

Note: - Customers to note that this is a Provisional Form. In case of any further queries/disputes the Customer needs to visit the branch and fill in and sign the "FAIL ATM TRANSACTION COMPLAINT FORM" and submit to the branch.