

COMPLAINT FORMAT - ATM CASH NOT RECEIVED

To: BRANCH MANGER,
- BANK NAME -
BRANCH NAME -

1.	Customer Information : Name of the Customer : Account No : Debit Card / ATM Card No :		
2.	ATM Information : ATM ID / Location, if ID is not available : Name of the ATM Bank :		
3.	Nature of the Complaints : a) Complaint relating to Cash withdrawal : Amount requested for withdrawal : [Rs.] Amount actually disbursed at ATM : [Rs.] Amount to the account debited : [Rs.] Date of Transaction : [Rs.] Time of Transaction : [Rs.] b) Card Captured by ATM : [Rs.] c) Other Complaints :		
<table style="width: 100%;"><tr><td style="width: 40%; vertical-align: bottom;">Date : / /</td><td style="width: 60%; vertical-align: bottom; text-align: right;">Signature of the Card Holder Contact Tel. / Mobile No.</td></tr></table>		Date : / /	Signature of the Card Holder Contact Tel. / Mobile No.
Date : / /	Signature of the Card Holder Contact Tel. / Mobile No.		

**CUSTOMERS OF OTHER BANK MUST SUBMIT THIS FORM TO THEIR BANK -
BRANCH ONLY**