

The Rayat Sevak Co-Operative Bank Ltd., Satara

Head Office :- 455/2/20 F,Peth, Sadarbazar, Satara 415 001.

Tel.No.- (02162) 231835,231313,230631.

E Mail- rayatbank.homgrit@gmail.com

:-ATM Customer Complaint Form:-

(To be submitted at the any branch of The Rayat Sevak Co-operative Bank)

To,
The Branch Manager,
The Rayat Sevak Co-operative Bank,
Branch- _____

Respected Sir, I am submitting the following information of my ATM complaint for further process.

<i>A. Customer Information</i>	
1) Name of Customer -	
2) Address -	
3) Savings A/C No. -	
4) ATM Card No. -	
5) Tel./Mobile No. -	
6) E-mail id -	
<i>B. Type of complaint</i>	
1) Card Lost/ PIN Lost -	<input type="checkbox"/> Card Lost <input type="checkbox"/> PIN Lost
2) Reissue of new ATM Card / PIN -	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) ATM Card Transfer to other Branch	Branch Name-
4) Change mobile number-	
<i>C. ATM Information</i>	
1) ATM Machine Location / City-	
2) Name of the bank owning the ATM-	
<i>D. Cash Withdrawal</i>	
1) Date of Transaction-	/ /20
2) Amount requested for withdrawal-	Rs.
3) Amount actually disbursed at ATM	Rs.
4) Amount debited to the account-	Rs.
5) Card Captured by ATM-	
6) Any other complaints-	
<i>E. E-COM, POS</i>	
1) Date of Transaction-	/ /20
2) Type of Transaction-	<input type="checkbox"/> E-COM <input type="checkbox"/> POS
3) Amount of Transaction-	

*If ATM slip available, attach with this form.

Date :-

Signature of Card Holder

For Official Use Only

Received from:- Mr./Mrs. _____ Date:-

Complaint relating to :- (Tick ✓ here.)

Card/PIN Block Cash Withdrawal Card Capture Card/PIN Reissue ECOM/POS ATM Card Transfer Other complaint _____

Remark:- _____

Branch Manager Signature & Stamp