

MAMASAHEB PAWAR SATYAVIJAY COOP BANK LTD., KUNDAL

मामासाहेब पवार सत्यविजय को ऑप बँक लि., कुंडल

**Form for Lodging Complaint for Failed
ATM / POS Transaction**

Date / /20

To: The Branch Manager

I wish to lodge complaint for the following failed ATM / POS Transactions.

1.	<u>Customer information:</u> Name of the Customer : (कार्ड धारकाचे नाव) Account Number: (खाते नंबर): Debit Card/ATM Card Number : (कार्ड नंबर)
2.	<u>ATM Information:</u> ATM ID & Location, if ID is not available Name of the : (एटीएम आयडी व ठिकाण) ATM Bank Name: (एटीएम मशीन बँकेचे नाव)
3.	<u>Nature of complaints</u> <u>a. Complaint relating to Cash Withdrawal</u> Amount requested for withdrawal : (एटीएम मधून पैसे काढण्याची विनंती) Amount actually disbursed at ATM : (एटीएम मधून मिळालेले पैसे) Amount to the account debited: (खातेवर नावे पडलेली रक्कम) Date of transaction & Time : (व्यवहारची तारीख व वेळ) Transaction No. : (ट्रांझॅक्शन नंबर) b. Card capture by ATM : c. Other complaints :
Signature of the Card Holder Contact Tel/Mobile No : _____	

*** (Name of the bank branch where cardholder account is maintained which is linked to ATM Card)**