

ATM / POINT OF SALE TRANSACTION COMPLAINT FORM

1. CUSTOMER INFORMATION *

NAME OF THE CUSTOMER : _____

ACCOUNT NUMBER : _____

DEBIT/ATM CARD NUMBER : _____

CONTACT NUMBER : _____

COMPLAINT TYPE : Purchase/POS (Point of sale) ATM

2. POS INFORMATION

Do you have the POS receipts? : YES NO
(If YES, please enclose the POS slip with this Form while submitting)

Details Of POS Transaction*

REQUESTED PURCHASE AMOUNT Rs. _____

AMOUNT DEBITED Rs. _____

DATE OF TRANSACTION ____/____/____ (DD/MM/YY)

TIME OF TRANSACTION _____

3. ATM INFORMATION

Which bank's ATM _____

ATM ID _____

Do you have the ATM receipts*? YES NO
(If YES, please enclose the ATM slip with this form while submitting)

Details of Cash Withdrawal *

AMOUNT REQUESTED FOR WITHDRAWAL Rs. _____

AMOUNT ACTUALLY DISBURSED AT ATM Rs. _____

AMOUNT DEBITED Rs. _____

DATE OF TRANSACTION ____/____/____ (DD/MM/YY)

TIME OF TRANSACTION _____

FOR BRANCH USE:

Trace ID/Transaction Number* : _____

Employee ID/ Name* : _____

CLIENT SIGNATURE

Additional Details :

Terms and Condition:-

1. Without filling the mandatory* fields, the ATM/POS complaint form will not be accepted by the Bank. For any guidance, please call BBP/Branch.
2. Please submit the form at the branch along with transaction slip (If available)
3. Please ensure all details provided are accurate.