

**ATM CLAIMS FORM**

To  
The Branch Manager,

[Bank Name] \_\_\_\_\_

[Branch Name] \* \_\_\_\_\_

[City] \_\_\_\_\_

I Customer information	
1	Name of the Customer
2	Account Number
3	Debit / ATM Card Number
II ATM Information	
1	ATM ID / Location / Name of ATM Bank
III Nature of the Complaints	
A	Amount Requested for withdrawal
	Rs.
	Amount Disbursed by at ATM
	Rs.
	Amount to the account debited
	Rs.
	Date of transaction
	Time of transaction
	Other information
B	Captured by the ATM
C	Other complaints
<p><b>Signature of the Card holder.</b> <span style="float: right;"><b>Mobile No :</b></span></p> <p><b>Date : _____</b> <span style="float: right;"><b>Tel no :</b></span></p>	

\* Name of the bank branch where card holder account is maintained which is linked to the ATM.