

To
The Branch Manager

..... [Name of the Branch]*

..... [Name of the City]

1. Customer Information (All fields are mandatory)	
Name of the Customer	
Landline No.	
Mobile No.	
Account Number	
ATM Card Number	
2. ATM / Cash Recycler Information	
ATM / Cash Recycler, ID & Location <i>If ID is not available, please enter name of the Bank owning ATM / Cash Recycler</i>	
3. Nature of complaint(s)	
a) Complaint relating to Cash Withdrawal	
Amount requested for withdrawal	
Actual Amount received	
Date of transaction (DD/MM/YY)	
Time of transaction	
b) Complaint relating to Cash Deposit	
1. Deposit using ATM card 2. Deposit by entering account number	
1. Deposit using ATM card	
Date of transaction (DD/MM/YY)	
Transaction Time	
Actual amount deposited	
Transaction Denomination	
Amount Credited	
Machine returned amount (If any)	
Complaint Type	
Deposited amount not credited to account	
Amount credited and reversed	
Deposited amount partially credited	
Remarks if any	
2. Deposit by entering account number	
Beneficiary Account Number	
Date of transaction (DD/MM/YY)	
Transaction Time	
Actual amount deposited	
Transaction Denomination	
Amount Credited	
Machine returned amount (If any)	

	Complaint Type	
	Deposited amount not credited to account	
	Amount credited and reversed	
	Deposited amount partially credited	
	Remarks if any	
c) Other Complaints if any;		
	Date	
	Signature of the Card Holder	