The Saraswat Co-operative Bank Ltd.

(Scheduled Bank)

ESTD.1918

Complaint Form

Branch _____ Zone _____

Account Type

Savings ☐ Current ☐ Loan ☐ Demat ☐ Term Deposit ☐

Account Details

Account no.

DP ID

I	N									

(for demat accountholders)

Customer's name

First Name	Middle Name	Last Name

Address

City: Pin:

Contact No.

Tel no (Res)	
Mobile No.	

E-mail

Detailed description of problem:

_____

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_____

Customer's Signature

Date

Please send this complaint form to respective Branch Managers / Zonal Managers or ***Mr P.G.Kamath-General Manager-Branches & Retail Banking (Nodal Officer),*** *The Saraswat Co.Op. Bank Ltd., Lata Kunj, New Nagardas Road, Near Pinky Cinema, Andheri (E), Mumbai 400 069.*