



# Saraswat Bank

## The Saraswat Co-operative Bank Ltd. (Scheduled Bank)

### Complaint Form

Branch  Zone

Account Type

Savings  Current  Loan  Demat  Term Deposit

Account Details

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Account no.

Client ID 

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(for demat accountholders)

Customer's name

First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

<input type="text"/>
<input type="text"/>
City: <input type="text"/> Pin: <input type="text"/>

Contact No.

Tel no (Res)	<input type="text"/>
Mobile No.	<input type="text"/>

E-mail

Detailed description of problem:

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Customer's Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please send this complaint form to respective Branch Manager / Zonal Manager or Nodal Officer, The Saraswat Co.op. Bank Ltd., Mittal Court, A Wing, 1<sup>st</sup> Floor, Vidhan Bhavan Marg, Nariman Point, Mumbai 400 023. Fax no 22856092.