

CUSTOMER'S COMPLAINT/DISPUTE FORM

Charge Back/Pre-Arbitration

To: The Branch Manager

_____ [Name of the Bank]
_____ [Name of the Branch] *
_____ [Name of the City]

1.	<u>Customer Information:</u> Name of the Customer : Account No. : Debit Card / ATM Card No. : Mobile Number :
2.	<u>ATM Information:</u> ATM ID/Location, if ID is not available : Name of the ATM Bank :
3.	<u>Nature of the Complaints /Pre-Arbitration</u> a) <u>Complaint relating to Cash withdrawal:</u> Amount requested for withdrawal : [] Amount actually disbursed at ATM : [] Amount debited in account : [] Date of transaction : [/ /] (mm/dd/yy) Time of transaction : [] b) Card Capture by ATM : [] c) Other complaints :
<p>Date: / /</p> <p style="text-align: right;">Signature of the Card Holder Contact Tel/Mobile No.</p> <hr/> <p style="text-align: center;">Acknowledgement</p> <p>Received application for Chargeback Claim from Mr/Mrs _____</p> <p>Date : / /</p> <p style="text-align: right;">Sign & Stamp</p>	

- Please retain copy of ATM slip in case of failed transaction.
- Submit the form at the nearest Branch.
- In case of Charge back dispute, Pre-Arbitration to be raised within 30 days from cash dispensed date. Charges Rs 100/- + Service tax.

**(Name of the bank branch where cardholder account is maintained which is linked to ATM card)*