

Customer Complaint Form (ATM) Please submit separate forms for each claim

CHARGE - BACK CLAIM FORM (CCF) REQUEST FOR REVERSAL OF FAILED ATM TRANSACTION

To: The Branch Manager

Tripura State Cooperative Bank Limited,

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

1.	Customer Information: Name of the Customer :					
	Account Number :					
	Debit Card / ATM Card Number :					
2.	ATM Information:					
	ATM ID / Location	:				
	Name of the Bank Owning the ATM	:				
3.	Nature of the Complaints					
	a) Complaint relating to Cash with	drawal:				
	Amount requested for withdrawal	· Do				
	Amount requested for withdrawal	. KS.				
	Amount actually disbursed at ATM	1 : Rs.				
	Amount to the account debited	: Rs				
	Date of transaction	:[/	/]	(mm/dd/yy)
	Time of transaction	: [:]	
	b) Card Capture by ATM (Yes/No)	:[]	
	c) Other complaints (if any)	:				
Date:	1 1				Ci ~	nature of Card Holder
	.				-	nature of Card Holder
	Signature of Branch Manager				C	ontact Tel/Mobile No.

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