



ATM COMPLAINT/ REQUEST FOR DUPLICATE PIN/ATM CARD FORM

To,
The Branch Manager

1.	<u>Customer Information:</u> Name of the Customer : Account Number : Debit Card/ATM Card no. : Mobile No. :										
2.	<u>ATM Information :</u> ATM ID : Location (if ATM ID is not available) : Name of the ATM Bank :										
3.	<u>Nature of Complaints</u> (a) Complaint relating to cash withdrawal Amount <table border="1"><tr><td>Amount requested for withdrawal</td><td>Rs.</td></tr><tr><td>Amount actually disbursed at ATM</td><td>Rs.</td></tr><tr><td>Amount debited to the Account</td><td>Rs.</td></tr><tr><td>Date of transaction</td><td></td></tr><tr><td>Time of transaction</td><td></td></tr></table> (b) Card Capture by ATM : (c) Request for Duplicate PIN : (d) Request for Duplicate Card : (e) Other Complaints :	Amount requested for withdrawal	Rs.	Amount actually disbursed at ATM	Rs.	Amount debited to the Account	Rs.	Date of transaction		Time of transaction	
Amount requested for withdrawal	Rs.										
Amount actually disbursed at ATM	Rs.										
Amount debited to the Account	Rs.										
Date of transaction											
Time of transaction											

I/We request you to resolve my complaint regarding transaction/ issue Duplicate PIN/ issue Duplicate Card.

Date:

Place:

Signature of the Cardholder

For Office Use Only

1. Duplicate card request raised after blocking the card through CBS.
2. Duplicate PIN request raised through Toogle
3. Forwarded to RO for Resolving the transaction related or other issue

Date:

Place:

Branch Manager (Sign)

Branch Name:

Raised request through Mail to C-EDGE for Resolving the issue.

Regional Office:

Date:

Place:

DO(GB)

AO(GB)