

To,

Pune Dist. Central Co-Op. Bank Ltd., Pune

Head Office: 4-B, B. J. Road, Pune 411 001

Form for Lodging Complaint for Failed ATM / POS Transaction

I wish to lodge compliant for						
Customer Information Name of Customer		61450				
(कार्डधारकाचे नांव)						
Account Number (खाते नंबर)						
Card Number (कार्ड नंबर)						
ATM Information						
ATM ID & Location / POS ID (एटीएम आयडी व ठिकाण)						
Name of ATM Bank / POS Marchant (एटीएम बँकेचे नांव)	,					
Nature of the Complaint						
a) Complaint Relating to Cash wit	hdrawal	1:				
Name of ATM / POS Bank (एटीएम मध्ये पैसे काढण्याची विनंती)	(Rs.					
Amount of Account Debited (एटीएम मधून पैसे मिळाले)	(Rs.					
Amount of the Account Debited (रक्कम खाते नाव पडली)	(Rs.					
Amount Disputed (वाढाची रक्कम)	(Rs.					
Date of Transaction (व्यवहाराची तारीख)	(1	1)	DD/MM/YYYY	
Transaction No. & Time (ट्रान्सझक्शन नंबर व वेळ)	(&	
b) Card Capture by ATM:						
c) Other Complaints :						
					(Signature of the Card Holder)	
Date :/					Mobile :	
	F	Branch	Ackno	wled	gment	