



THE VARACHHA CO-OP BANK LTD., SURAT

COMPLAINT FORM FOR ATM TRANSACTIONS

To,

The Branch Manager,

The Varachha Co-op.Bank Ltd.

_____ Branch

1	Customer Information: Name of the Customer: Account No : ATM Card No. :
2	ATM Information: ATM ID / Location ,If ID is not available: Name of the ATM & Bank
3	Nature of the Complaints a) Complaint relating to Cash Withdrawal Amount requested for withdrawal: [Rs.] Amount actually disbursed at ATM: [Rs.] Amount to the account debited: [Rs.] Date of transaction: [] Time of transaction: [] b) Other Complaints
Date:	
Contact Tel/mobile No.	X Signature of the Card Holder

Bank Use Only

(Signature & Stamp)
Branch Manager

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