

Customer Claim Form : Other Banks ATMs

Country :

Branch :

Customer Full Name*:

Masked PAN*: _ _ _ _ _ XXXXXX _ _ _ _ (6 first & 4 last digits)

Account number*:

Complaint details :Other Banks ATMs

<input type="checkbox"/> ATM withdrawal / Cash advance ATM : <input type="checkbox"/> Missing Cash: <input type="checkbox"/> Non receipt of Cash <input type="checkbox"/> Unknown Withdrawal <input type="checkbox"/> Duplicate processing	<input type="checkbox"/> POS purchase <input type="checkbox"/> Online payment <input type="checkbox"/> Unknown Payment <input type="checkbox"/> Duplicate processing <input type="checkbox"/> Incorrect Amount <input type="checkbox"/> Unsuccessful Payment <input type="checkbox"/> Merchandise/Services Not Received <input type="checkbox"/> Non-compliant/defectives goods
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Particular Notes :

Transaction date*	Transaction amount*	Merchant Name	Merchant Country

Branch Claim Form :

<p><u>ATM Claims</u></p> <input type="checkbox"/> UTRNO..... <input type="checkbox"/> IGOR screenshot	<p><u>POS / Web Claims</u></p> <input type="checkbox"/> UTRNO..... <input type="checkbox"/> Customer receipt / bill / invoice <input type="checkbox"/> IGOR screenshot
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Customer Date & Signature**

* Mandatory information
 ** Mandatory, if claim for fraud or more than 3 transactions