

CUSTOMER COMPLAINT FORM – CARDS & IMPS TRANSACTION

Date : DD / MM / YYYY

To,
The Branch Manager,
New India Co-operative Bank Ltd,
_____ Branch

CUSTOMER INFORMATION:

Name of the Customer:
NICB Account Number:
Contact Number:
Last 4 digit of Debit Card:
(For debit card dispute)

TRANSACTION DETAILS:

☐ ATM ☐ POS ☐ ECOM ☐ IMPS ☐ UPI

Transaction Date: DD / MM / YYYY

Amount Attempted: _____

Partial Amount Disbursed (in case of ATM transaction): _____

Transaction number / RRN:

Brief Description of the Complaint:

Signature of the account holder

Branch Official Name & Stamp

Disclaimer : For more information and terms and conditions please refer to our Bank's website www.newindiabank.in