



CUSTOMER COMPLAINT FORM – CARD TRANSACTIONS

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

CUSTOMER INFORMATION :

Name of the Customer: _____

NICB Account Number: _____ ATM / Debit Card Number: _____

Contact Number: _____ Email ID: _____

TRANSACTION TYPE :

ATM

POS

Ecom

Complains of ATM:

Amount Requested	Amount Disbursed	Amount Debited to Account	Transaction Date	ATM ID / Location	ATM Bank Name

Complains of POS / Ecom:

Transaction Amount	Amount Debited to Account	Transaction Date	Merchant Name

Brief Description of the Complaint:

Place : _____

Date : _____

Signature of the Card Holder