

Request for ATM Problem Redressal

To: The Branch Manager
Malda District Central Co-operative Bank Limited
_____ Branch

1. **Customer Information (Mandatory):**

Name of Customer :
Account No. :
Debit Card / ATM Card No. :

2. **ATM Information:**

ATM ID/Location, if ID is not available:
ATM of which Bank :

3. **Nature of the Complaints**

a) **Complaint relating to Cash Withdrawal:**

Amount requested for withdrawal : [Rs.]

Amount actually disbursed at ATM : [Rs.]

Amount debited from account : [Rs.]

Amount of Dispute : [Rs.]

Date of Transaction : [/ /] DD/MM/YYYY

Transaction No. & Time : [&]

b) Card Capture by ATM : []

c) Other Complaints : Request for Duplicate ATM Card

Request for Duplicate PIN

[Note: For Duplicate ATM G.D.E Copy enclosed herewith]

Date:

Contact Tel no / Mobile No

Signature of the Card Holder

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For Branch Acknowledgement

(Signature with seal of Bank official)

Note:

As per Bank guidelines, in case of any unsuccessful ATM/Debit card transaction or complaints, you are requested to report it to your branch where you maintain your account.