



The Adinath Co-operative Bank Ltd

COMPLAINT FORM FOR IMPS TRANSACTIONS

To,
The Branch Manager,

Branch

Date: ___/___/___

Dear Sir,

1	Customer Information: Name of the Customer: Account No : _____
2	Channel Information: Mobile / Net banking / Branch / _____
3	Nature of the Complaints a) Complaint relating to Imps Transaction: Amount requested for Transaction: [Rs.] Amount to the account debited: [Rs.] Date of transaction: [Rs.] Time of transaction: [] RRN: [] b) Other Complaints
 Date: _____ Contact Tel/mobile No. _____	
X _____ Signature of the Card Holder	

Bank Use Only

(Signature & Stamp)
Branch Manager