



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