



Sreenidhi Souharda Sahakari Bank Niyamitha.
#113 , R.V.Road, V.V.Puram, Bangalore - 560 004,INDIA

_____ Branch

Serial No.

Date :

To
The Branch Manager

SREENIDHI SOUHARDA SAHAKARI BANK NIYAMITHA,

_____ [Name of the Branch]*

From

Shri / Smt: _____

Address: _____

Name of the Customer :
Account No :
Account Type :
Debit Card / ATM Card no :

ATM Information:

i. ATM ID :
ii. OR Location, if ID is not available :
iii. Name of the ATM Bank :

Nature of Complaint

a) Complaint relating to Cash withdrawal :
i. Amount requested for withdrawal : Rs.
ii. Amount actually disbursed at ATM : Rs.
iii. Amount debited to the account : Rs.
iv. Date of Transaction : / / [mm/dd/yyyy]
v. Transaction Ref. No :
b) Card Capture by ATM :
c) Card Lost/Misplaced :
d) Other complaints :

Complaint in Brief: _____

(Signature of Complainant)

Office Use

Complaint No.		Date of Complaint	
Type of Complaint:		ATM Card No.	
Complaint received By (Name & Sign. of the Staff)		(Sign. of Br.Manager)	

Branch Copy



Sreenidhi Souharda Sahakari Bank Niyamitha.
#113 , R.V.Road, V.V.Puram, Bangalore - 560 004,INDIA

_____ Branch

Serial No.

Date :

To
The Branch Manager
SREENIDHI SOUHARDA SAHAKARI BANK NIYAMITHA,

_____ [Name of the Branch]*

From

Shri / Smt: _____

Address: _____

Name of the Customer :
Account No :
Account Type :
Debit Card / ATM Card no :

ATM Information:

iv. ATM ID :
v. OR Location, if ID is not available :
vi. Name of the ATM Bank :

Nature of Complaint

- a) Complaint relating to Cash withdrawal :
i. Amount requested for withdrawal : Rs.
ii. Amount actually disbursed at ATM : Rs.
iii. Amount debited to the account : Rs.
iv. Date of Transaction : / / [mm/dd/yyyy]
v. Transaction Ref. No :
b) Card Capture by ATM :
c) Card Lost/Misplaced :
d) Other complaints :

Complaint In Brief: _____

(Signature of Complainant)

Acknowledgement of Branch

Sent to Head Office On: _____

Remarks: _____

(Date of Disposal)

(Signature of Branch Manager)



Sreenidhi Souharda Sahakari Bank Niyamitha.
#113 , R.V.Road, V.V.Puram, Bangalore - 560 004,INDIA

_____ Branch

Serial No.

Date :

To

The Asst.General Manager/General Manager
SREENIDHI SOUHARDA SAHAKARI BANK NIYAMITHA,
No 113, R.V.Road, V.V.Puram,
Bangalore-560004.

From

The Branch Manager
SREENIDHI SOUHARDA SAHAKARI BANK NIYAMITHA,

_____ Branch
Bangalore.

Customer Information

Name of the Customer :
Account No :
Account Type :
Debit Card / ATM Card no :

ATM Information:

vii. ATM ID :
viii. OR Location, if ID is not available :
ix. Name of the ATM Bank :

Nature of Complaint

- a) Complaint relating to Cash withdrawal :
 i. Amount requested for withdrawal : Rs.
 ii. Amount actually disbursed at ATM : Rs.
 iii. Amount debited to the account : Rs.
 iv. Date of Transaction : / / [mm/dd/yyyy]
 v. Transaction Ref. No :
b) Card Capture by ATM :
c) Card Lost/Misplaced :
d) Other complaints :

Complaint In Brief: _____

(Signature of Officer/Branch manager)

Branch Comments:

(Attach separate report if necessary)