HITACHI
MONEY SPOT
ATM

ATM
COMPLAINT FORM

Please fill the form and submit to your nearest Card Issuing Bank Branch

TO THE BRANCH MANAGER

Name of the Bank : .....

Name of the Branch* : .....

Name of the City : .....

*Name of the bank branch where cardholder account is maintained which is linked to ATM card

CUSTOMER INFORMATION

Name : .....

Account No. : .....

Debit Card/ATM Card No. : .....

ATM INFORMATION

ATM ID : .....

If ATM ID is not available, then give location and city : .....

NATURE OF THE COMPLAINT

a) Complaint relating to cash withdrawal

Amount requested for withdrawal : Rs.....

Amount actually disbursed at ATM : Rs.....

Amount debited to the account : Rs.....

Date of transaction : .....

Time of transaction : .....

b) Card capture by ATM : .....

c) Other complaint : .....

.....	.....	.....
Signature of the cardholder	Contact No.	Date