

## ATM CLAIMS FORM

To

The Branch Manager,

[Bank Name] \_\_\_\_\_

[Branch Name] \* \_\_\_\_\_

[City] \_\_\_\_\_

I		Customer information	
1	Name of the Customer		
2	Account Number		
3	Debit / ATM Card Number		
II		ATM Information	
1	ATM ID / Location / Name of ATM Bank		
III		Nature of the Complaints	
A	Amount Requested for withdrawal	Rs.	
	Amount Disbursed by at ATM	Rs.	
	Amount to the account debited	Rs.	
	Date of transaction		
	Time of transaction		
	Other information		
B	Captured by the ATM		
C	Other complaints		
<b>Signature of the Card holder.</b>		<b>Mobile no :</b>	
<b>Date : _____</b>		<b>Tel no :</b>	

\* Name of the bank branch where card holder account is maintained which is linked to the ATM.