



CUSTOMER COMPLAINT FORM
For ATM Transactions

To be submitted at the branch of Utkarsh Small Finance Bank Ltd. where the account is maintained.

To: The Branch Manager
Utkarsh small Finance Bank Ltd.

_____ [Name of the Branch]*

_____ [Name of the City]

1. Customer Information:

Name of the Customer:

Account No:

Debit Card / ATM Card No:

2. ATM Information:

ATM ID / Location, if ID is not available:

Name of the Bank Owning the ATM:

3. 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 complaints:

Contact Tel/ Mobile No. _____

Email ID _____

Date: ___ / ___ / ___

Signature of the Card Holder

UTKARSH SMALL FINANCE BANK LTD.

For Office Use Only

Received from _____

on _____ at _____ hrs

Complaint relating to: Cash withdrawal

Card capture

Signature / Stamp