



Hindusthan Bank

मुख्य कार्यालय : ४-अ, देवी-गल्ली, बाबुराव बोबडे मार्ग, लोखंड बाजार, मुंबई - ४०० ००९.
फोन : ०२२ - २३४८३७८२/८३ फॅक्स : २३४८ ८९३९ email : hcbl@vsnl.net

ATM Transaction Claims From

Branch :- _____

Date :- / /

To,

The Branch Manager,

A		Customer Information	
1	Name of Customer		
2	Account Number		
3	ATM Card Number		
4	Mobile No./Tel No.		
B		ATM Location Information	
1	Name of the bank where ATM Card Use		
2	Location		
C		Nature of the Complaints	
	Amount Requested for withdrawal	Rs.	
	Amount to the account debited	Rs.	
	Date of transation		
	Time of transation		
	Reference No. (Office Use)		
	Host Id No.(Office Use)		
D		Other Complaints	

Signature of Card Holder: - _____

For Office Use Only

Date: / / .

To

The General Manager

Head-Office

Customer from our branch Mr. / Miss /Mrs. _____

Has reported for Above mentioned compliant. Please do the needful.

Signature of Sub-Accountant / Manager _____