



**THE VAISH CO-OPERATIVE NEW BANK LTD**  
**ATM CLAIM FORMS**

<b>I</b>		<b>Customer information</b>	
1	Name of the Customer		
2	Account Number		
3	Debit / ATM Card Number		
<b>II</b>		<b>ATM Information</b>	
1	ATM ID / Location / Name of ATM Bank		
<b>III</b>		<b>Nature of the Complaints</b>	
<b>A</b>	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>B</b>	Card Captured by the ATM		
<b>C</b>	Other complaints		
<b>Signature of the Card holder.</b>		<b>Mobile no :</b>	
<b>Date : _____</b>		<b>Tel no :</b>	

<b>For Office Use Only</b>	
<b>Received From</b> _____ <b>on</b> _____	
<b>at</b> _____ <b>hrs. Nature of Complaint</b> _____	
<b>Signature and Stamp of Authorised Official</b>	<b>Compliant No.</b> _____

