



THE VAISH COOPERATIVE NEW BANK LTD

Branch _____

IMPS /UPI Customer Complaint Form

Date of Posting of Query	
Customer Name	
Customer email id	
Customer Phone Number	
Transaction related (IMPS-Inward/Outward)	
Transaction Date	
IMPS REFERENCE NO. (RRN Number)	
Transaction Amount	
Remitter Bank Name & IFSC	
Remitter A/C Number	
Beneficiary Bank Name & IFSC	
Beneficiary A/C Number	
Remarks	

(Customer Signature)

For Office Use Only

Received From _____ on _____

at _____ hrs. Nature of Complaint _____

Signature and Stamp of Authorised Official Compliant No. _____