

MUMBAI DISTRICT CENTRAL CO-OPERATIVE BANK LTD

(Please submit separate forms for each claim)

CHARGE BACK CLAIM FORM (CCF)

REQUEST FOR REVERSAL OF FAILED ATM TRANSACTION

To,

The Branch Manager,

*Branch : _____

Mumbai District Central Co-op. Bank Ltd.

1 Customer Information:-	Name of Customer	:	_____
	Account No.	:	_____
	Debit Card / ATM Card No.	:	_____
2 ATM Information:-	ATM ID / Location	:	_____
	Name of the ATM Bank	:	_____
3 Nature of the Complaints :-	a) Complaint relating to Cash withdrawal		
	Amount requested for withdrawal	:	Rs. _____
	Amount actually disbursed at ATM	:	Rs. _____
	Amount to the account debited	:	Rs. _____
	Date of transaction (dd / mm / yyyy)	:	_____
	Time of transaction	:	_____
	b) Other complaints	:	_____
4 Contact No / Mobile No.	:	_____	

*(Name of the Bank & Branch where cardholder account is maintained of which is linked to ATM card)

Date :- / /

Signature of the Card Holder