Reg.No.COOP(G)46/77

THE ARUNACHAL PRADESH STATE COOPERATIVE APEX BANK LTD. (Sponsored by the Government of Arunachal Pradesh) Head Office::Naharlagun Papum Pare District -Arunachal Pradesh-791110

REQUEST FOR REVERSAL OF FAILED ATM TRANSACTION

То

Branch Manager

 [Name of the Bank]
 [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 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.
	Data of transaction:	(mm/dd/yy)
	Time of transaction:	
	Transaction reference no:	
	Transaction attempted no:	
	b) <u>Card Capture By ATM</u>	
	c) <u>Other complaints</u>	
Date		
		Signature of the Card Holder
		Contact Tel/Mobile No