## (ATM Fraudulent transaction Complaint Form)

To Branch Manager		
GP Parsik Sahakari Bank Ltd.		
Branch :		
*(Name of the branch where the card holders account	unt is n	naintained & has to submit this application
1. Customer information		
Name		
Account No		
Debit/ATM Card No		
2. ATM Information		
ATM ID / Location if ID not available		
Name of the ATM Bank		
Amount debited to the account		
Date of transaction (MM/DD/YY)		
Time of transaction		
I am disputing transaction (S) mentioned above he also not given card to anyone for operation during custody and no family members or friend have not responsibility if above mentioned statement is foun for above mentioned transaction, and inform NPC further investigation and demand for compensation statutory authority at the time of investigation and I accept the decision taken by NPCI committee with	g this to t done a d incor CI Cond on. I ass share i	ransaction period. Card is fully in my above mentioned transaction. I further take rect. I authorize not to make Chargback eern FRM and CPP alert authority for take ture to give full co-operation to legal and information regarding above transaction.
Verified by Branch (Sign & Seal) Forwarded to Head office on Date		
Received at Head office on Date		Sign Name Employee No.