



URO Received stamp

Date:

Surname:

Other names:

Account Branch:

Account Number:

Card No:

Card Type: Gold: Express:

Mobile No:

Other Contacts:

CARD/ PIN COMPLAINT

Card Captured Pin Blocked Pin Forgotten Pin Shredding

Other Reasons:

Which ATM:

Branch to receive captured card:

CASH COMPLAINT

Cash Retracted Duplicate Debit in customer's account Cash Not given at ATM

Other Reasons:

Which ATM:

Transaction Date:

Time:

Amount involved:

Code Number On Receipt:

Customer's Signature:

(Bank branch use only)

Action Taken:

Date:

Name of Officer:

Signature:

Name of manager/ Deputy Branch Manager:

Date:

Signature:

Stamp:

(Card & POS Debt Use only)

Date:

Time received:

Time Resolved:

Name of Officer handling complaint:

Signature:

Remarks: