



CUSTOMER COMPLAINT /DISPUTE FORM

Charge back/Pre-Arbitration

Date: _____

To,
The Branch Manager
Shri Arihant Co-OP Bank Ltd
Branch _____

Customer Information:

Name of the Customer												
12 Digit Account Number												
Registered Mobile Number												

Transactions Details:

Card Base Transactions (ATM/POS/ECOM)													Non Card Base transactions (IMPS/UPI)												
Card No:													UPI ID												
Transaction Amount:													Transaction Amount:												
Claim Amount:													Claim Amount:												
Reference No (RRN):													Reference No (RRN):												
Transaction Date:													Transaction Date:												
Transaction Time:													Transaction Time:												
ATM ID:													Payment Mode:												
ATM Location:																									
ATM Bank Name:																									

Signature of the Customer _____
Contact Number: _____

Acknowledgment

Received application for chargeback claim from _____

Received Date: ___/___/___ Sign of Authorized officer _____ Br Stamp _____

Name of the officer _____ Employee Code _____