

Jharkhand State Cooperative Bank Limited
Charge-Back Claim Form (CCF)

REQUEST FOR REVERSAL OF FAILED ATM / PoS TRANSACTION

To,

The Branch Manager

..... Branch.....City.

Customer Information

Name of Customer :.....

Account Number :.....

Debit Card/ ATM Card No :.....

RRN Number :.....

ATM Information

ATM ID / Location. If ID is not available :.....

Name of the ATM Bank & Place :.....

Complaint relating to Cash withdrawal

Amount requested for withdrawal [.....]

Amount actually disbursed at ATM [.....]

Amount debited in Account [.....]

Date of transaction

D	D	M	M	Y	Y	Y	Y
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Time of transaction [.....]

Declaration: - I hereby declare that above mentioned information is true and authorize bank to debit or credit the amount in my account based on the reports provided by National payment corporation of India (NPCI).

Date:...../...../.....

Mobile Number of customer:..... Signature of the Card Holder

Branch Manager Request / approval/comments.....

Date:...../...../.....

Signature of the Branch Manager

Please submit SEPARATE forms for each claim