



The Goa Urban Co-operative Bank Ltd.
(Registered Office : Dr. Atmaram Borkar Road, Panaji-Goa, 403 001)
SCHEDULED BANK

CUSTOMER COMPLAINT FORM

To,
The Branch Manager,
The Goa Urban Co-operative Bank Ltd,
_____ Branch

Complaint Reg. No.

CUSTOMER INFORMATION:

Customer Name: _____

Account Number:

Contact Number:

Last 6 digit of Debit Card:
(For debit card dispute)

Customer ID:

TRANSACTION DETAILS:

ATM POS ECOM IMPS UPI

Transaction Date: DD/MM/YYYY Time: HH/MM/SS

Transaction Amount : _____

Name of ATM Bank: _____

Partial Amount Disbursed (In case of ATM transaction) : _____

Transaction Number/RRN:

OTHER REQUESTS:

Card Block Card Close Unblock Lost Mob Update Mob No: _____

Thanking You,

Yours Faithfully,

1. _____ 2. _____ 3. _____

Office Use

Certified that Signature of the Account holders are as per Records and KYC for account has been completed.

Request Verified By

Signature Officer /BM

Branch Seal