

FORM OF COMPLAINT (TO BE LODGED) WITH

**A & N STATE COOP. BANK LTD.
BRANCH**

(TO BE FILLED UP BY THE COMPLAINANT)

To

The Branch Manager

(Name of the branch)

Dear Sir,

1. NAME OF THE COMPLAINANT:

2. PARTICULARS OF BANK ACCOUNT, (IF ANY)
(Please state nature of account viz. Savings bank/Current/Cash credit/Term deposit/loan account etc. related to the subject matter of the complaint)

3. FULL ADDRESS OF COMPLAINANT

PIN CODE

PHONE NO./MOBILE NO. / FAX NO.

5. SUBJECT MATTER OF THE COMPLAINT
(If space is not sufficient please enclose separate sheet)

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Yours faithfully,

(Signature of Complainant/s)

NB: Please note that the first point for redressal of complaint is the Bank itself and the complainant/s may approach the Banking Ombudsman only if the complaint is not resolved at the bank within reasonable time period.

(FOR OFFICE USE ONLY)

Complaint No.....of.....year.....

Date.....
