- PCI DSS, ISO 9001 : 2015 & ISO 27001 : 2013 CERTIFIED -

BFS Complaint Form

Date: DD / MM / 20YY Customer Name: Mr/Ms._ Account Number: Amount Withdrawn: __ Amount Actually Received: _ Disputed Amount: __ ATM of: BoBL **DPNBL** T-Bank **BDBL** BNBL Date and Time of Transaction: (Please refer the receipt) Disclaimer I hereby declare that this claim is true and legitimate. I am aware that if incase the claim is found to be unlawful, I shall be liable for any action as per the Bank's Norms. Further, I authorize the Bank to recover excess amount to be paid (if any) from my account without my additional consent. Customer Signature Contact Number: - Your RelationshipBank —————