

E-CHANNEL TRANSACTION COMPLAINT

[illegible]

CUSTOMER INFORMATION

Name	<div></div>
Account Number	<div></div>
Card Type	Verve <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Others <div></div>
Card Number	<div>Last four digits</div>
Channel User ID	<div></div>
Phone Number	<div></div>
Email address	<div></div>

TRANSACTION DETAILS

Channel	<input type="checkbox"/> ATM POS	<input type="checkbox"/> FirstBank Online	<input type="checkbox"/> IVR	<input type="checkbox"/> FirstMobile Banking	<input type="checkbox"/> First-Trade	<input type="text"/> Others																
Type	<input type="checkbox"/> Cash Withdrawal	<input type="checkbox"/> Cash Deposit	<input type="checkbox"/> Transfer	<input type="checkbox"/> POS Purchase	<input type="checkbox"/> Cash Card Load																	
	<input type="checkbox"/> Card Withheld	<input type="checkbox"/> echarge/TopUp	<input type="checkbox"/> Bill Payment	<input type="text"/> Others																		
Transation Date	<table border="1"> <tr> <td>D</td><td>D</td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	D	D	<input type="text"/>	<input type="text"/>	<table border="1"> <tr> <td>M</td><td>M</td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	M	M	<input type="text"/>	<input type="text"/>	<table border="1"> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
D	D																					
<input type="text"/>	<input type="text"/>																					
M	M																					
<input type="text"/>	<input type="text"/>																					
Y	Y	Y	Y																			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																			
Transaction Amount	<input type="text"/>																					
Disputed Amount	<input type="text"/>																					
Amount in Words	<input type="text"/>																					
Other Details	<input type="text"/>																					

- I / WE CONFIRM THAT THE INFORMATION PROVIDED BY ME/ US IS TRUE, CORRECT AND COMPLETE
- I / WE HEREBY AGREE THAT THE INFORMATION I/WE HAVE PROVIDED ABOVE WILL BE USED BY THE BANK TO UPDATE MY BANKING RECORDS FROM TIME TO TIME
- I / WE AGREE TO INFORM THE BANK FROM TIME TO TIME, IF THE INFORMATION PROVIDED ABOVE CHANGES

FOR BANK USE ONLY

Reversal Entries Details			
A/C Debited	<div></div>	A/C Credited	<div></div>
Amount	<div>In Figure</div>	<div>In Words</div>	
Narration	<div></div>		
Initiator	<div></div>	Signature	<div></div>
Authoriser	<div></div>	Signature	<div></div>

COMPLAINT CONFIRMATION SLIP (CUSTOMER'S COPY)



Branch:

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 Date:

D	D

M	M

Y	Y	Y	Y

*Please do not lose this slip as it will be required to track the status of your complaint where necessary

Officer's Stamp and Signature