



**ADB CARD COMPLAINT FORM**

**Reporting Branch:** ..... **Customer's Branch/Bank:** .....

Date: ..... Time: .....

Cardholder's Name: .....

Account Number: .....Card Number: .....

Card Type:  QUICK CASH  VISA CLASSIC

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**CARD/PIN COMPLAINT:**

Card Captured  Pin Forgotten  Account Addition  Limit Update

Other Reason (Please Specify).....

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**CASH COMPLAINT:**

Cash Retracted  Duplicate Debit on customer's account  Cash Not Given at ATM

Cash Not Given at ATM but Customer's Account Debited with Amount

Other Reason (Please Specify) .....

Which ATM: ..... Date: ..... Time: .....  
(Bank and branch)

Amount Involved: ..... Code Number On Receipt: .....

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**Customer's Signature:** ..... **Mobile no.**.....

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**(Bank branch use only)**

Name of Officer: .....Signature: .....

Action Taken: ..... Date: .....

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**(Cards Services use only):**

Date/Time received.....

Name of Officer handling complaint.....

Signature..... Remarks .....