CONFIDENTIAL

E-CHANNEL TRANSACTION COMPLAINT FORM

ACCOUNT NAME _____

Surname *First Name* *Middle Name*

ACCOUNT NUMBER (S) _____

DISPUTED AMOUNT _____

BENEFICIARY ACCOUNT NAME _____

BENEFICIARY BANK /ACCOUNT NUMBER _____

DATE/TIME OF TRANSACTION _____/_____/_____/_____

TRANSACTION TYPE (TICK AS APPROPRIATE)

INTERNET BANKING ☐ **MOBILE APP** ☐ **USSD** ☐ **ATM** ☐

CARD TYPE (TICK AS APPROPRIATE) **FOR ATM TRANSACTION**

MASTERCARD ☐ **VISA** ☐ **VERVE** ☐ **OTHERS** _____

Amount Requested	Amount Dispensed	Terminal Location
1._____	1._____	1._____
2._____	2._____	2._____
3._____	3._____	3._____

Please state any additional comments below:

_____

Thank you.

SIGNATURE _____ **DATE:** _____

Please ensure all forms are signature verified

FOR OFFICIAL USE ONLY

CSU SIGN _____ **DATE** ___/___/_____ **STATUS:** ACCEPTED ☐ DECLINED ☐

If declined, state reasons_____

PROCESSED BY: _____ RESOLVED ☐ UNRESOLVED FOR FUTHER CLEARANCE ☐

RESOLVED AT LATER DATE _____/_____/ _____

GROOMING MICROFINANCE BANK LTD. E-channel Transaction Complaint Form. (*NOTE: All transactions are resolved 24hrs from initiation*)