

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

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 comment 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 ____/____/____