



THE COSMOS CO-OP. BANK LTD.

(Multistate Scheduled Bank)

Registered Office : 'Cosmos Tower', Plot No. 6, ICS Colony, University Road,
Ganeshkhind, Shivajinagar, Pune - 411 007. Tel.-020-67086708.

Dispute Management Form

(To be filled in by Customer in consultation with the Branch Staff)

Branch Name : _____ SOL ID : _____

Customer Details :

Name of the Customer : _____

Account Number : Type of Account (SB/CA/CC/OD) : _____

Account Operation (Single/Joint): _____

Transaction Date/s: _____ Time : _____ am/pm Disputed Amount ₹ _____

(In case of multiple transactions on different dates & time, pl. provide detailed list of the same.)

Facilities/E-Services availed from the Bank : (ATM-cum-Debit Card, Alerts (thru e-mail, SMS), IB, MB)

Registered mail ID (optional): _____

Please tick appropriate option :

Have you registered for receiving the Debit SMS: Please () Yes No

Number of SMS's received _____, Date : _____ Time : _____ am/pm

(If yes, kindly provide the Mobile No. registered for receiving the SMS received) (Compulsary)

Have you done registration for Visa/Rupay : (3 DES) : Yes No

Nature of Disputed transaction/s :

● **ATM Transaction Details** (As printed on the transaction slip) Date : _____

ATM-cum-Debit Card No. Time : _____ am/pm

(In masked format only as appearing on transaction slip)

Transaction Amount ₹ _____ Disputed Amount ₹ _____

Response Code : _____ Auth Code : _____

Terminal/ATM Id : _____ ATM Location / Branch Name : _____

● **PoS Transaction Details:**

Merchant/Shop Details : _____ Disputed Amount ₹ _____

Date : _____ Time : _____ am/pm

● **Online Purchases / E-Commerce Transactions :**

Merchant Name : _____ Website/s used : _____

(Kindly provide the website address)

● **Internet Banking :**

Facility opted (Fund Transfer / Bill Payment) : _____

● **Mobile Banking :**

Number of Disputed Transactions :

Note : In all the above mentioned categories, kindly provide the Transaction No. and the No. of disputed /suspicious transactions also.

(Code No. :5115/30,000/06-19)



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ACKNOWLEDGEMENT

Mr. / Mrs./ M/s _____

We hereby acknowledge the receipt of your complaint for further processing.

Signature : _____

Date : _____

Name of Asst. Manager / Manager : _____

Time : _____ am/pm

Ticket No. _____ Branch Name with SOL ID : _____

Dispute/Suspicious Transaction Details :

- Did you receive any phone call asking for the ATM-cum-Debit Card details? Yes No
(Did the caller represented himself as a Bank Employee) If yes, details of Ph. No.: _____
- What was the reason provided by the caller for asking the card details?
- What was the call received timing? Time : _____ am/pm
- Did you receive a SMS for debit of your account after the disputed transaction?
- Did you share your card details like 16 Digit Card Number, PIN Number, CVV Number, OTP on any e-commerce, website or over the phone? Yes No
- Are these details known to anyone else than you? Yes No
- Is your ATM-cum-Debit Card used by anyone else other than you (Any of your family member/third person)? Yes No
- Did you call the Toll Free Number after the disputed transaction for hot listing the card? If yes kindly provide the Date & Time? Date : _____ Time : _____AM/PM
- Do you use your ATM / Debit card regularly? Yes No
- If yes, for what kind of transactions : ATM PoS E-Commerce
- Kindly provide your transaction history for the past 10 days.
- Have you made a Police Complaint : Yes No
- If yes, Name of the Police Station with Date of Complent : Yes No
(Kindly provide the copy of FIR)

Other Information :

Statement to be recorded from the customer in relation to the incident :

I , hereby declare that the above given information is true and correct to the best of my knowledge and in case any details are found to be misleading or false by any authorities, I hereby take the entire responsibility & obligation of the same.

Date : _____

Customer's Signature: _____

Place : _____

Mobile Number : _____

For Office Use only

Branch Name _____ SOL ID _____

I have verified the customer's signature as per Bank's records.

Kindly mention the following details :

Value Date of the transaction : _____

Transaction Date : _____ Signature : _____

Complaint Received Date : _____

Date : _____ Name of Ass. Manager / Manager : _____

Time : _____AM/PM Ticket No. : _____ Branch Name with SOL ID : _____
