CLIENT COMPLAINT FORM (As Acquirer)			<b>ANDBANK</b>	
	[T	N-1 IT	Branch	ICCF No.
Date Filed Time Filed	Transaction [	Date I ransa	ction Time	CCF No.
Name of Cardholder				
Cavinga (Commant Assault North		Could Number ( )		
Savings/Current Account Number		Card Number (please in	ndicate first 6 and last 4	4 digits only)
ATM Location/Terminal No.				
Complaint				
Non-Dispensed		Amour	nt Requested	₽
Partial Dispensed			nt Dispensed	₽
Over-Dispensed		Details	s of Problem/s:	(
Unauthorized Withdrawal				
Captured Card				
Others				
Please specify:				
-		SCHOOL STATE		
,		AND .	Signature of	Cardholder
FOR BANK PERSONNEL USE ONLY: (		ooxes)		
Fransaction Trace Number	Amount		Date the Overage	e/Shortage was Booked
Transaction Findings:				
Per Transaction Log File	Debited		Not I	Debited
Per Electronic Journal	Successful		Not s	Successful
Per Terminal Reading	Dispensed		Not I	Dispensed
Recommendation:	For Credit	Back to Account	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Complaint with er Bank
Complaint taken by	Validated by:		Checked by:	
			_	
New Accounts Clerk (Signature over Printed Name/Date/Time)		In-charge er Printed Name)		ch Service Officer ure over Printed Name)
120 MARIE 120 MA	URED ATM CARD C	LAIM STUB	Date:	
ast Name	First Name			Middle Initial
Gavings/Current Account Number		Card Number (please in	ndicate first 6 and last 4	l digits only)
		Ø		ANATA ANATA
Approved for release:	ATM Card released by:		ATM Card received by:	
(Signature over Printed Name)	(Signature ove	r Printed Name)	(Signature	e over Printed Name)
Notes: 1. Customer is advised to immediate	ly change the PIN for cap	tured card tagged as "		
2. Unclaimed captured ATM cards sh	all be perforated as follow	s (except eCard):		
Landbank-issued Other Bank-issued	if not claimed after 15			_