



To
Deputy General Manager/Assistant General Manager/Manager
Agrani Bank PLC
_____Branch

Date: _____

Subject : Debit card refund money

Dear Sir,

I am a customer of your branch. I am submitting herewith the claim for unsuccessful transaction performed as per the details below.

1.	Customer Name					
2.	Account No (SB/CD)					
3.	Card No(Last 5 digit)					
4.	Transaction Date					
5.	Bank name of ATM Booth/ POS Transaction					
6.	Location					
7.	Amount		In Words			
8.	In case of multiple transactions. Which transaction was the faulty one?	1st	2nd	3rd	4th	5th
9.	Description of the event					

Therefore, I would like to request you to refund the above stated amount to my account.

Your Sincerely,

(Customer's Signature)

Mobile :

For Branch Use Only

Information given by the customer and the specimen signature is verified and we recommend you to look into the issue and inform us.

(Signature and seal of the branch
DGM/AGM/Manager)

****N.B: Dispute resolution time frame policy of NPSB transactions: Minimum 30 days from dispute processing date****