



THANE BHARAT SAHAKARI BANK LTD.

(Scheduled Bank)

Fraud Transaction Reporting Form

Complaint No. : Brcode/Fin.Year/0000

Date :

To,
The Branch Manager
Thane Bharat Sahakari Bank Ltd.,
.....Branch.

Type of fraud transaction:

ATM Debit Card POS ECOM

1.	<p><u>Basic Information:-</u></p> <p>Name of the Customer : Account No. (15 digits) : ATM Debit Card No. (16 digits) : Registered Mobile Number : Email ID : Card holder address at the time of Fraud : Fraud Transaction Date : Fraud Transaction Amount : Fraud Transaction RRN : Documents attached : <input type="checkbox"/> FIR <input type="checkbox"/> Customer letter <input type="checkbox"/> Other <input type="checkbox"/> Debit Card was not in my custody when the fraud transaction/s took place <input type="checkbox"/> Debit Card was in my custody when this fraud took place (Please tick the appropriate one)</p>
2.	<p>I came to know about the fraud transaction/s in my a/c which I have not done through <input type="checkbox"/> SMS Alert <input type="checkbox"/> Email Alert <input type="checkbox"/> Bank Statement <input type="checkbox"/> Call from Bank <input type="checkbox"/> Others (Please Specify) (Please tick the appropriate one)</p>
3.	<p>Case Brief (Please explain the incident):</p>

5.	<input type="checkbox"/> I have received call(s) where caller(s) asked me to share my last 4/6 digits of Debit Card, PIN, Expiry Date or OTP <input type="checkbox"/> I have not received any call(s) seeking my last 4/6 digits of Debit Card, PIN, Expiry Date or OTP (Please tick the appropriate one)
6.	<input type="checkbox"/> I have shared my mobile banking , net banking passwords/Credentials, Debit Card PIN/OTP with anyone <input type="checkbox"/> I have not shared my mobile banking , net banking passwords/Credentials, Debit Card PIN/OTP with anyone (Please tick the appropriate one)

Declaration cum authorisation:

I hereby declare that the aforesaid contents are true to the best of my knowledge and belief. I also further declare that I have not initiated any such banking transaction of such nature from my account.

I hereby agree and understand that in case bank gives shadow credit in my account towards the said transaction(s), such amount shall be under lien marked in favour of the bank for the maximum period of 90 days.

In case the claim made by me is proved false/incorrect, I authorize Thane Bharat Sahakari Bank Ltd. to reverse or adjust the lien amount credited to my account with immediate effect thereon.

Date: / /	Signature of the Card Holder
-----------	-------------------------------------

[Only for office use]

Received Complaint No. _____ Dt. ____/____/_____ for Fraud Claim from Mr/Mrs _____			
Date :-	Time :-	Sign & Name of Bank Official with seal	
			(Branch Manager)

Note: *Please provide Xerox Copy to customer as acknowledgement.