

Annexure 'A'

FORM OF COMPLAINT (TO BE LODGED) WITH THE BANKING OMBUDSMAN

(FOR OFFICE USE ONLY)

Complaint No.of year

Date

To
**The Banking Ombudsman
Reserve Bank of India**

Ahmedabad

(*Territorial jurisdiction, Place of BO's office.....)

Dear Sir,

Sub: Complaint against * . (Name of the bank's branch) of * (Name of the Bank)

Being aggrieved the complainant named herein has submitted a complaint with the above referred bank.
Details of the complaint are as under:

1. NAME OF THE COMPLAINANT *

2. MAIL ID OF THE COMPLAINT *

3. FULL ADDRESS OF THE COMPLAINANT *

PIN CODE *

PHONE NO. / FAX NO.

4. COMPLAINT AGAINST
(NAME AND FULL ADDRESS OF THE BRANCH/
BANK) *

PIN CODE *

PHONE NO. / FAX NO.

4. PARTICULARS OF BANK ACCOUNT *

(Please state nature of account viz. Savings bank/current/cash credit/term deposit/loan account etc. related to the subject matter of the complaint being made)

5. (a) DATE OF REPRESENTATION BY THE
COMPLAINANT TO THE BANK *

*(Please enclose three copies of the representation) **

(b) Whether any reminder was sent by the
complainant? *

*(If yes, please enclose three copies of the reminder *)*

6. SUBJECT MATTER OF THE COMPLAINT *

*(Please refer to Clause 8 of the Scheme) **

7. DETAILS OF THE COMPLAINT *

(If space is not sufficient Please enclose separate sheet)

8. (a) Whether any reply (Within a period of one month after the bank concerned received the representation) has been received? *

**(If yes, please enclose 'three copies' of the bank's reply)*

(b) Whether the representation has been rejected?

**(If yes, please enclose 'three copies' of the bank's letter)*

(c) Whether the complainant has received any other final decision of the bank?

**(If yes, please enclose 'three copies' of the bank's letter conveying its final decision)*

***Note: Online applicants: Please send the proofs while submitting the case**

9 NATURE OF RELIEF SOUGHT FROM THE BANKING OMBUDSMAN *

(Please enclose 'three copies' of documentary proof, if any, in support of your claim)

10. NATURE AND EXTENT OF MONETARY LOSS, IF ANY, CLAIMED BY THE COMPLAINANT BY WAY OF COMPENSATION * Rs.

(Please enclose documentary proof, if any, to show that such loss is actual loss caused as a direct consequence of alleged omission or commission of the bank)

11. LIST OF DOCUMENTS ENCLOSED *

(Please enclose 'three copies' of all the documents)

Already approached the branch office

(c) Whether the complainant has received any other final decision of the bank?

12. Whether the complainant have approached the Bank

13. Attach Supporting Files :

14. DECLARATION

1. I/ We , the complainant/s herein declare that:

(a) the information furnished herein above is true and correct; and

(b) I/ We have not concealed or misrepresented any fact stated in aforesaid columns and the documents submitted herewith.

2. The complaint is filed before expiry of period of one year reckoned in accordance with the provisions of Clause 9(3) (a) and (b) of the Scheme.

3. (a) The subject matter of the present complaint has never been brought before the Office of the Banking Ombudsman by me/ or by any one of us or by any of the parties concerned with the subject matter to the best of my/ our knowledge.

(b) The subject matter of the present complaint is not in respect of the same which was settled through the Office of the Banking Ombudsman in any previous proceedings.

(c). The subject matter of the present complaint has not been decided by any forum/court/arbitrator.

1. I/We authorise the bank to disclose any such information/ documents furnished by us to the Banking Ombudsman and disclosure whereof in the opinion of the Banking Ombudsman is necessary and is required for redressal of any other complaint or our complaint.

2. I/We have noted the contents of the Banking Ombudsman Scheme, 2006.

Submit

NOMINATION – (If the complainant wants to nominate his representative to appear and make submissions on his behalf before the Banking Ombudsman or to the Office of the Banking Ombudsman, the following declaration should be submitted.)

I/We the above named complainant/s hereby nominate Shri/Smt..... who is not an Advocate and whose address is

..... as my/our REPRESENTATIVE in all proceedings of this complaint and confirm that any statement, acceptance or rejection made by him/her shall be binding on me/us. He/She has signed below in my presence.

ACCEPTED

(Signature of Representative)

(Signature of Complainant)

