

# THE SOUTH INDIAN BANK LTD

## Format for Reporting Unauthorized Electronic Banking Transaction

To: The Branch Manager

Branch:.....

<b>1.</b>	<b><u>Customer Information :</u></b>		
	Name of the customer	:	
	Account Number	:	
	Customer ID/CIF ID	:	
	Mobile Number	:	
	Email ID	:	
<b>2.</b>	<b><u>Suspicious Transaction Details :</u></b>		
	Debit card/Mobile Banking/Internet Banking :	Card Variant* -VISA/MasterCard/RUPAY:	
	Card Type* -Domestic/International :	Total Amount Involved:	
	Details of Suspicious Transaction:		
	<b>Sl. No</b>	<b>Transaction Date &amp; Time</b>	<b>Merchant Name/ ATM Location</b>
			<b>Transaction/Disputed Amount</b>
<b>3.</b>	<b><u>Suspicious Transaction Questionnaire:</u></b>		
	<b>1.</b> How did you find out that the transactions took place?	SMS <input type="checkbox"/> Email <input type="checkbox"/> Account Statement <input type="checkbox"/> Others <input type="checkbox"/>	
	<b>2.</b> Have you received any calls/Email Id ?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	<b>3.</b> a )Phone Number/E mail ID from which the request came		
	b)Have you shared any credentials like Card details, User ID, Password, ATM Pin, OTP, account details to the requester?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	<b>4.</b> Were you in possession of your debit card at the time the suspicious transaction took place	Yes <input type="checkbox"/> No <input type="checkbox"/>	

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<b>5.</b> Mode of Reporting the Suspicious transaction to Bank	Customer Care <input type="checkbox"/> Email <input type="checkbox"/> Visit to Branch <input type="checkbox"/> Others <input type="checkbox"/>
<b>6.</b> Have you surrendered the debit card at the Branch*	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>7.</b> Date & Time of reporting the suspicious transactions to Bank	

**\*Fill only if Suspicious transaction happened via Debit Card**

**Declaration:** I hereby authorize the Bank to close the card/mobile banking/net banking immediately in my account due to suspicious transactions happened. I confirm that the averments made by me within this form are bona-fide and the information provided is true and accurate to the best of my knowledge and belief. In case this claim is determined by the Bank to be false or maliciously made, I shall be fully responsible for the consequences which may include civil/criminal lawsuit being initiated by the Bank.

Cardholder's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_

**ACKNOWLEDGEMENT FROM BANK**

**COMPLAINT SL NO:**

**COMPLAINT RECEIVED BY:**

NAME:

DESIGNATION:

PPC:

SIGNATURE: