

THE SOUTH INDIAN BANK LTD.

Format for Reporting Unauthorized Electronic Banking Transaction

To: The Branch Manager

Branch: -----

I	Customer Information Name of the customer : ----- Account Number : ----- Customer ID/ CIF ID : ----- Mobile Number : ----- Email ID : -----																				
II	Unauthorized Transaction Details : Channel of transaction - Debit card/ Credit Card / Mobile Banking/ Internet Banking/ UPI / Others: Card Variant* - VISA/ MasterCard/ RUPAY Card Type* - Domestic / International Total Amount Involved: Rs ----- Details of Unauthorized Transaction (mention all unauthorized transactions): <table border="1"><thead><tr><th>Sl No.</th><th>Transaction Date</th><th>Transaction Time</th><th>Merchant Name / ATM Location</th><th>Transaction / Disputed Amount</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>	Sl No.	Transaction Date	Transaction Time	Merchant Name / ATM Location	Transaction / Disputed Amount															
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III	Unauthorized Transaction Questionnaire: <table border="1"><tr><td>1. How did you come to know about the disputed transactions?</td><td>SMS <input type="checkbox"/> Email <input type="checkbox"/> Account Statement <input type="checkbox"/> Others (specify) <input type="checkbox"/></td></tr><tr><td>2. Have you received any calls/Email/SMS before the disputed transaction?</td><td>Yes <input type="checkbox"/> No <input type="checkbox"/></td></tr><tr><td>3. If Yes, a) Phone Number/Email ID from which the request came: b) Have you shared any credentials like Card details, User ID, Password, ATM Pin, OTP, UPI Pin, MPin, account details to the requester? c) Have you forwarded any SMS received? d) Have you clicked on any link received? e) Have you downloaded any app as instructed in the phone call/ SMS/ email?</td><td>Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Specify: Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, name of the app:</td></tr></table>	1. How did you come to know about the disputed transactions?	SMS <input type="checkbox"/> Email <input type="checkbox"/> Account Statement <input type="checkbox"/> Others (specify) <input type="checkbox"/>	2. Have you received any calls/Email/SMS before the disputed transaction?	Yes <input type="checkbox"/> No <input type="checkbox"/>	3. If Yes, a) Phone Number/Email ID from which the request came: b) Have you shared any credentials like Card details, User ID, Password, ATM Pin, OTP, UPI Pin, MPin, account details to the requester? c) Have you forwarded any SMS received? d) Have you clicked on any link received? e) Have you downloaded any app as instructed in the phone call/ SMS/ email?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Specify: Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, name of the app:														
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4. Status of the SIM card during the disputed transactions:	Active <input type="checkbox"/> Inactive <input type="checkbox"/>
5. Were you in possession of your debit / credit card at the time of unauthorized transaction?*	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Have you surrendered the debit/ credit card at the Branch*	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Mode of Reporting the Unauthorized transaction to Bank	Customer Care <input type="checkbox"/> Email <input type="checkbox"/> Visit to Branch <input type="checkbox"/> Others(specify) <input type="checkbox"/>
8. Date & Time of reporting the Unauthorized transactions to Bank	

DECLARATION

I hereby authorize the Bank to close the card, mobile banking and net banking immediately in my account due to Unauthorized 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. In case if bank compensates the loss due to the above mentioned disputed transactions either partly or fully, and if I/we receive any insurance claim subsequently for the same disputed transaction(s), I will inform the matter to the bank and agree to pay back the compensation paid by the bank.

Customer Name: -----

Signature: -----

(Seal is mandatory for business account holders)

Place: -----

Date: -----

*Mandatory if Unauthorized transaction happened via Debit Card

Note: Other fields are mandatory for all channels

FOR OFFICE USE ONLY

Name & PPC of the Officer: -----

Signature & Seal: -----

ACKNOWLEDGEMENT FROM BANK

COMPLAINT DETAILS

Case Id :

Account number :

Received on :

RECEIVED BY

Name :

Designation & PPC :

Signature :