

Date: ____

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COMPLAINT FORM (Principal Nodal Officer)

Customer name:
Account type: Savings Current Term deposit emat an A/c or rs
Account number/Loan A/c no.:
Registered mobile no.:
Registered email ID:
Was the complaint lodged previously?: Yes No
Date of previous complaint: DD MM YYYY Service request no:
Please enter a valid Service Request No. Please obtain a Service Request No. If you do not have one by following Step 1
Details of grievance/complaints:
Date: Signature of the customer:

Please send this form, completely filled and signed to Mr. Parag Deshpande Senior Vice President -II Axis Bank Ltd. 7th Floor, Axis House, Wadia International Center P.B. Marg, Worli, Mumbai – 400 025 Ph. 080-61865200. Timings: 9.30 am to 5.30 pm, Monday to Saturday, (except second and fourth Saturdays and Bank Holidays)

DECLARATION

I/We the complainant/s here 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

NEED HELP? CONTACT US:



Call us on: 18604195555 & 18605005555

