



BANK OF BHUTAN LIMITED

BRANCH _____

Date: ___ / ___ / ___

CARDHOLDER COMPLAINT FORM

Cardholder Name _____

Account Number

--	--	--	--	--	--	--	--	--	--

Cardholder Citizenship ID

--	--	--	--	--	--	--	--	--	--	--	--

Card Number

						X	X	X	X	X	X				
--	--	--	--	--	--	---	---	---	---	---	---	--	--	--	--

Please provide only first 6 and last 4 digit of your card number

Device Type (TICK) ATM POS ONLINE

Ref. No. (Refer Receipt) _____

Transaction Date _____

Transaction Time _____

Transaction Amount _____

Reasons: _____

I, hereby declare that this claim is true and legitimate. If found that the claim to be unlawful, I am aware and shall be liable as per the Bank's Norms.

(Cardholder Signature) _____

Contact No. _____

FOR BANK USE ONLY	
Name	_____
Received Date	___ / ___ / ___
Forward Division	_____
Forward Date	___ / ___ / ___
Close Date	___ / ___ / ___
Bank Officer Signature	_____

Note: The Bank Official should maintain the Form for Record