

E-SERVICE ERROR FORM

Account Name _____

Account number: Phone number: _____

Email Address _____ Date: _____

Card number (first six digits) (last four digits)

Please tick the box which identifies the channel of transaction.

ATM <input type="checkbox"/>	POS <input type="checkbox"/>	DSTV CARD NUMBER _____	CASH DISPENSE ERROR <input type="checkbox"/>
ASO MOBILE <input type="checkbox"/>		FLIGHT TICKET NUMBER _____	NO CASH DISPENSED <input type="checkbox"/>
INTERNET BANKING <input type="checkbox"/>		PHCN METER NUMBER _____	SWITCH INOPERATIVE <input type="checkbox"/>
QUICK TELLER <input type="checkbox"/>		MOBILE TOP UP PHONE NOS _____	OTHERS <input type="checkbox"/>
		RECIPIENT ACCOUNT NOS _____	

TRANSACTION DETAILS

TRANSACTION DATE	TRANSACTION AMOUNT	SERVICE PROVIDER, BANK NAME AND LOCATION

Brief summary of complaint: _____

AUTHORIZED SIGNATORY

AUTHORIZED SIGNATORY

FOR OFFICIAL USE ONLY

Customer No: _____ SysAid No: _____ STAN Number: _____ Reporting Branch: _____

 (CSO Name, Sign & Date)

 Feedback (Processing Officer Name, Sign & Date)