



ATM / BIPS COMPLAINT FORM (TO BE FILLED IN BOLD LETTERS ONLY)

NAME: _____

ACCOUNT NUMBER:

SERVICE USED: ATM EPAY POS

TERMINAL (FOR ATM & POS ONLY): BOB BNB DPNB TBANK

TRANSACTION AMOUNT: _____ (IN FIGURE) _____

_____ (IN WORDS)

TRANSACTION DATE:

(Signature)

Contact Number: _____

Date: _____

For Official Use Only: