# IMPS DISPUTE FORM

To,                                                                              ANNEXURE
The Branch Manager
_____ [Name of the Bank]
_____[Name of the Branch]
_____[Name of the City]

| 1. | **Customer Information** |
|---|---|
| | Name of the Customer : |
| | Account No. : |
| | Telephone no / Mobile No. : |
| 2. | **Transaction Information** |
| | Date of Transaction : _____/_____/_____ |
| | Time of Transaction : _____:_____:_____ |
| | RRN / TXN NO : _____ |
| 3. | **IMPS OUTWARD / INWARD   Information which customer has input wronlgy** |
| | Beneficiary Bank Name : |
| | Beneficiary Account Number : |
| | Beneficiary IFSC Code : |
| | Beneficiary Customer Name : |
| | Other Description : |
| 4. | **IMPS OUTWARD / INWARD   Information which customer want to be correctly** |
| | Beneficiary Bank Name : |
| | Beneficiary Account Number : |
| | Beneficiary IFSC Code : |
| | Beneficiary Customer Name : |
| | Other Description : |
| | Beneficiary Bank Email ID **(compulsory)** : |
| 5. | **Complaint relating to withdrawal :** |
| | Amount requested for Withdrawal / Transaction : [Rs.            ] |
| | Amount actually disbuesed at the time of Transaction : [Rs.            ] |
| | Amount to the account debited : [Rs.            ] |
| | Date :     /     /                    Signature of Account Holder |

**Signature verified by   Officer  /   I/c Branch Manager    /    Branch Manager**
**(Send IMPS dispute form after signature verification of Account Holder)**
**(Attach bank statement and highlight of above transaction)**