



The Central Cooperative Bank Ltd. Bhilwara

दी सैन्ट्रल को-ऑपरेटिव बैंक लिमिटेड भीलवाड़ा

RBI Lic. No.: RPCD(JPR)Co-Op21/Dated April 29, 2010

FEEDBACK / GRIEVANCE FORM

1) DATE _____ 2) Base Branch Name _____

3) TYPE: - FEEDBACK SUGGESTION INFORMATION COMPLAINT

4) CUSTOMER TYPE:- DOMESTIC NRI DEMAT NON-CUSTOMER

5) A/C TYPE:- SAVINGS CURRENT TERM DEPOSIT DEMAT LOAN OTHER

6) *ACCOUNT NUMBER

7) DP ID (IN CASE OF DEMAT A/C).

8) *PRODUCT SERVICE 9) *SUB-TYPE

10) *NAME OF CUSTOMER

11) *ADDRESS: _____

*City: _____ *PIN _____ *STATE _____

12) *E- MAIL _____

13) *MOBILE NO +91

LANDLINE NO

14) BRIEF DETAILS OF GRIEVANCE/COMPLAINT

SIGNATURE OF THE CUSTOMER / COMPLAINANT

DATE

Please send this form duly filled in & signed to the Branch/Regional Office/Zonal Office.

The Nodal Officer of Grievance Redressal, The Rajasthan State Co-Operative Bank Ltd. DC-1 Opp. Nehru Balodyan, Tonk Road, Jaipur-302015. Alternatively, you could also lodge your complaint through our website <https://rscb.org.in/> & obtain tracker-id for complaint.

DECLARATION

I / We, the complainant/s herein declare that:

(* Indicates MANDATORY field)

(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