

Letter of Notification/Complaint of Electronic Funds Transfer Service

Date Time

1. Service Type:

2. Customer Details / Related Information:

Username / Informer Mr. Mrs. Miss

Address Moo..... Soi/Lane..... Road,Sub-district

District, Province,..... Postal Code, Tel

Identification Card Number Date / Month / Year of Birth

Deposit Account Number....., Bank,Branch

Debit Card Number.....

Electronic Machine Type Location

Type of Transaction withdrawal transfer others (please specify)

AmountBaht, Number of Transactions, Transaction Date Time

3. Evidence of Payment / Supporting Documents:

ATM slip Statement Others (specify)

4. Details of Complaint:

.....

Signed User / Informer

(.....)

For Bank Use Only	
For Bank Officer (.....) Date..... <p style="text-align: center;">Received By</p>	Disciplinary Action Committee's adjudication regarding electronic funds transfer error <p style="text-align: right;">Disciplinary Action Committee</p>

Note :

- 1) If the customers make contacts at branches, please present the original identification documents for the branch staff to proceed.
- 2) If the customers contact via CIMB Thai Care Center, please fill in this Request Form and submit it along with copies of identification documents. Please also redact the sensitive personal data, such as blood type, religion, ethnicity, and Change of Name-Surname Certificate (if any), then submit all documents to cimbthai.carecenter@cimbthai.com . After sending the email, please contact 02 626 7777 to confirm the document submission.