



CONFIDENTIAL

TO BE COMPLETED IN BLOCK LETTERS

Date: 

D	D	M	M	Y	Y	Y	Y

### E-CHANNEL TRANSACTION COMPLAINT

Branch

#### CUSTOMER INFORMATION

Name

Account Number

Card Type  E-zwich  Mastercard  Easy Cash  Others

Card Number  Last four digits

Channel User ID

Phone Number

Email address

#### TRANSACTION DETAILS

Channel  ATM  POS  Online Banking  Others

Type  Cash Withdrawal  Cash Deposit  Transfer  POS Purchase  Cash Card Load

Card Withheld  echarge/TopUp  Bill Payment  Others

Transaction Date 

D	D	M	M	Y	Y	Y	Y

Transaction Amount

Disputed Amount

Amount in Words

Other Details

Please attach supporting documents if any

Forms should be filled and emailed to [ebanking@fbnbankghana.com](mailto:ebanking@fbnbankghana.com) for customers outside Ghana.

#### FOR BANK USE ONLY

##### Reversal Entries Details

A/C Debited  A/C Credited

Amount  In Figure  In Words

Narration

Initiator  Signature

Authoriser  Signature

#### COMPLAINT CONFIRMATION SLIP (CUSTOMER'S COPY)



This section is to be filled by the Bank's official

Branch  Date: 

D	D	M	M	Y	Y	Y	Y

\*Please do not lose this slip as it will be required to track the status of your complaint where necessary

**Officer's Stamp and Signature**