



SHIVA SAHAKARI BANK NIYAMITA, DAVANGERE

Feedback / Grievance Registration Form

Name*:

Type*: Suggestion / Feedback / Complaint

Customer Type*: Resident / Non-Resident / Non-Customer

Account Type*: Savings / Current / Term Deposit / Loan / Others

Account Number*:

Branch*:

Address*:

Mobile Number*:

E-mail ID:

Amount Involved (if any): **Date of Transaction:**

Details of Grievance / Feedback*:

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(Please use additional sheet / enclose supporting documents, if required)

Relief Sought:

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Have you lodged this complaint earlier with the Bank / any other forum? Yes / No If Yes, provide reference details:

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Declaration: I/We hereby declare that the information furnished above is true and correct to the best of my/our knowledge and belief and no material facts have been concealed or misrepresented.

Signature of the Complainant: **Date:**

*Mandatory Fields. Incomplete forms are liable to be rejected.

Submission: Nodal Officer – Grievance Redressal Mr. Ananda P Branch Manager Administration Office Shiva Sahakari Bank Niyamita, Davangere
Karnataka -577001

Alternatively, you may also lodge the complaint via our web-based Grievance portal or email to support@shivasahakaribankdvg.com.in or call to 08192-256107 / 9449819322

If you are unsatisfied with our resolution or do not receive a reply within 30 days of receipt of the complaint at our end, you may escalate the issue to Banking Ombudsman at <https://cms.rbi.org.in>.