

निरन्तर सहयात्रा

MOBILE BANKING DISPUTE FORM

	ch Manager,			Date		
Lumbini F	Bikas Bank Limited,			YEAR	MONTH DAY	
	Bra	nch				
Account 1	Holder Details		_			
Mobile Number:						
Client Na	me:					
Address:						
Account 1	Name:					
Account Number						
		DISPUTE TRA	NSACTION			
S. No.	Transaction Date	Merchant Type	Amount	Error Message (if any received)	Trace Num	
1				(= = = = = = = = = = = = = = = = = = =		
2						
4					<u> </u>	
5					+	
		Total				
Thank you	1.					
	Applicant's Signature		Seal of the Institution (Where Applicapble)			
For Bank	's Use Only (Branch I	Entry)				
_ 01 200111	a sac sany (21 union 1	<i>y</i> /				
Received	By		Recommended By			
Name			Name			
Date YEAR MONTH DAY			Date YEAR MONTH DAY			