लुमिबनी विकास बैंक लि. Lumbini Bikas Bank Ltd. जिरन्तर सहयात्रा					
MOBILE BANKING DISPUTE FORM					
The Branch Manager, Date Image: Constraint of the second					
Account Holder Details					
Mobile Number:					
Client Name:					
Address :					
Account Name:					
Account Number					
DISPUTE TRANSACTION					
S. No. Transaction I	Date	Merchant Type	Amount	Error Message (if any received)	Trace Num
1 2					
3					
4 5					
5		Total			
Thank you.					
Applicant's Signature Seal of the Institution (Where Applicapble)					
For Bank's Use Only (Branch Entry)					
Received By			Recommended ByName		
Date			Date		