

Date: \_\_\_\_\_

Customer name:	
Account type: Savings Current Term depos	it emat an A/c ors
Account number/Loan A/c no.:	
Registered mobile no.:	Landline no.:
Registered email ID:	
Vas the complaint lodged previously?: Yes	No
Date of previous complaint: DD MM YY	Y Y Service request no:  Please enter a valid Service Request No. Please obtain a Service Request No. If you do not have one by following Step 1
Details of grievance/complaints:	

Please send this form, completely filled and signed to Mr. Parag Deshpande Senior Vice President -II Axis Bank Ltd. 7th Floor, Axis House, Wadia International Center P.B. Marg, Worli, Mumbai – 400 025 Ph. 080-61865200. Timings: 9.30 am to 5.30 pm, Monday to Saturday, (except second and fourth Saturdays and Bank Holidays)

## **DECLARATION**

I/We the complainant/s here declare that:

- (a) The information furnished herein above is true and correct; and
- (b) I/We have not concealed or misrepresented any fact stated in aforesaid columns and the documents submitted herewith

**NEED HELP? CONTACT US:** 



Call us on: 18604195555 & 18605005555



Visit us at: axisbank.com/support

Branch: \_\_\_\_\_