



## Andhra Pradesh Mahesh Co-operative Urban Bank Ltd Ltd.

(Multi State Scheduled Bank)

H.08-2-680/1&2, Road No.12,Banjarahills,Hyderabad - 500 034(A.P.)

Tel: +91(40) 23437100-103 & 105 ; 24615296-99; Fax:040-24616427

Website: [www.apmaheshbank.com](http://www.apmaheshbank.com) Email: [info@apmaheshbank.com](mailto:info@apmaheshbank.com)

### CUSTOMER REQUEST LETTER

Name .....

Address .....

.....

.....

The Branch Manager,

The A.P.Mahesh Co-op Urban Bank Ltd

Branch.

\_\_\_\_\_  
(City)

ATM/Debit Card No

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Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

I would like to bring the following information to your kind attention for suitable action :

I HAVE CHANGED MY COMMUNICATION ADDRESS TO (Proof to be obtained)

CITY														PIN											
TELEPHONE												EMAIL-ID													

CARD LOST       CARD DAMAGED       FORGOTTEN PIN NO

PIN NO ENTERED WRONGLY

BLOCK THE CARD ( REASON: \_\_\_\_\_ )

CANCEL THE CARD (REASON: \_\_\_\_\_ )

D D M M Y Y

H H M M S S

Transaction Date

ATM Site-Bank							

Time

Place				

I/we authorize you to do the needful immediately / issue a new card.

**Card holder Signature/s**

**For Branch Use**

Noted in the complaint register. RECOMMENDED for

<b>Blocking Card No.</b>	<input type="text"/>
<b>Cancelling Card No.</b>	<input type="text"/>
<b>Activate the Card No.</b>	<input type="text"/>

Applicant's signature has been verified with his/her signature on record in the designated account/s

**Officer**                      **Branch Head**

Note: The original of this letter has to be sent to Customer Care Centre, retaining the copy at the branch.

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**FOR HEAD OFFICE USE**

<input type="checkbox"/> Card Blocked	<input type="checkbox"/> Cancelled	<input type="checkbox"/> New Card Issued
<input type="checkbox"/> Address modified	<input type="checkbox"/> New PIN issued	

**Officer**                      **Manager**

----- (Tear here) -----

**CUSTOMER COPY**

Complaint No. \_\_\_\_\_  
Branch Code: \_\_\_\_\_

Debit Card No	<input type="text"/>
Account No	<input type="text"/>

Date:

(Customer can contact branch or they can directly call  
of their complaint)

after 7 working days to know the status

**Authorized Signatory**