

Annexure 'A'

**FORM OF COMPLAINT (TO BE LODGED ) WITH THE BANKING OMBUDSMAN**

**(FOR OFFICE USE ONLY)**

Complaint No. ....of year .....

Date .....

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**(TO BE FILLED UP BY THE COMPLAINANT)**

To

The Banking Ombudsman  
(\*Territorial jurisdiction,  
Place of BO's office.....)

Dear Sir,

Sub: Complaint against .....(Name of the bank's branch) of  
.....(Name of the  
Bank)

Being aggrieved the complainant named herein has submitted a complaint with the above referred bank.. Details of the complaint are as under :

1. NAME OF THE COMPLAINANT .....

2. FULL ADDRESS OF THE COMPLAINANT .....

.....

.....

PIN CODE .....

PHONE NO. / FAX NO.....

3. COMPLAINT AGAINST (NAME AND FULL ADDRESS OF THE BRANCH/ BANK ) .....

PIN CODE .....

PHONE NO. / FAX NO. ....

4. PARTICULARS OF BANK ACCOUNT

*(Please state nature of account viz. Savings bank/current/cash credit/term deposit/loan account etc. related to the subject matter of the complaint being made )*

.....

5. (a) DATE OF REPRESENTATION BY THE COMPLAINANT TO THE BANK .....

*(Please enclose three copies of the representation)*

(b) Whether any reminder was sent by the complainant? YES /NO  
*(If yes, please enclose three copies of the reminder)*

6. SUBJECT MATTER OF THE COMPLAINT  
*(Please refer to Clause 12 of the Scheme)*

.....

7. DETAILS OF THE COMPLAINT

*(If space is not sufficient Please enclose separate sheet)*

.....  
.....  
.....  
.....  
.....

8. (a) Whether any reply (Within a period of one month after the bank concerned received the representation) has been received?

YES / NO

*(If yes, please enclose 'three copies' of the bank's reply)*

(b) Whether the representation has been rejected? YES/ NO

*(If yes, please enclose 'three copies' of the bank's letter)*

(c) Whether the complainant has received any other final decision of the bank?

YES/ NO

*(If yes, please enclose 'three copies' of the bank's letter conveying its final decision)*

9 NATURE OF RELIEF SOUGHT FROM THE BANKING OMBUDSMAN

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*( Please enclose 'three copies' of documentary proof, if any, in support of your claim)*

10. NATURE AND EXTENT OF MONETARY LOSS, IF ANY, CLAIMED BY THE COMPLAINANT BY WAY OF COMPENSATION Rs.....

*(Please enclose documentary proof, if any, to show that such loss is actual loss caused as a direct consequence of alleged omission or commission of the bank)*

11. LIST OF DOCUMENTS ENCLOSED

*(Please enclose 'three copies' of all the documents)*

12. DECLARATION

1. I/ We , the complainant/s herein 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.

2. The complaint is filed before expiry of period of one year reckoned in accordance with the provisions of Clause 13(3) (a) and (b) of the Scheme.

3. (a) The subject matter of the present complaint has never been brought before the Office of the Banking Ombudsman by me/ or by any one of us or by any of the parties concerned with the subject matter to the best of my/ our knowledge.
- (b) The subject matter of the present complaint is not in respect of the same which was settled through the Office of the Banking Ombudsman in any previous proceedings
- (c) The subject matter of the present complaint has not been decided by any forum/court/arbitrator.

**OR**

The subject matter of the present complaint is pending since *(please mention the date when the matter was filed)* ..... before ..... *(\*Please mention the name of the forum/court/arbitrator before whom the )* and the proceedings are likely to take longer time in its final adjudication as contemplated in Clause 13(4) (c) of the Scheme.

4. I/We authorise the bank to disclose any such information/ documents furnished by us to the Banking Ombudsman and disclosure whereof in the opinion of the Banking Ombudsman is necessary and is required for redressal of any other complaint or our complaint.
5. I/We have noted the contents of the Banking Ombudsman Scheme, 2002.

Yours faithfully

(Signature)

(Complainant )

**NOMINATION** - (If the complainant wants to nominate his representative to appear and make submissions on his behalf before the Banking Ombudsman or to the Office of the Banking Ombudsman, the following declaration should be submitted.)

I/We the above named complainant/s hereby nominate Shri/Smt..... who is not an Advocate and whose address is

.....as my/our REPRESENTATIVE in all proceedings of this complaint and confirm that any statement, acceptance or rejection made by him/her shall be binding on me/us. He/She has signed below in my presence.

ACCEPTED

(Signature of Representative)

(Signature of Complainant)

◆◆◆◆

**Annexure 'B'**

**[Form of application for arbitration to be submitted to the Banking Ombudsman]**

Before the Banking Ombudsman

Arbitration Application No..... of 200 (state the year)  
[under clause (21) of the Banking Ombudsman Scheme 2002]

1. Name(s) of the applicant(s) with complete address<sup>1</sup>/Phone No./Fax No. :
2. Name(s) of other parties to the arbitration with full addresses<sup>2</sup> /Phone No./Fax No. :
3. Name(s) of Advocate appointed by the parties with full address.<sup>3</sup>
4. Brief written statement describing the general nature of the dispute and the points at issue (*the parties may annex additional sheets of papers in case the space given here is not adequate.*)
5. Valuation of the subject matter<sup>4</sup>
6. Relief or remedy sought

**Note:** Affidavit of undertaking to be submitted on the lines given below.

**AFFIDAVIT OF UNDERTAKING**

(Duly stamped and notarised on a non-judicial stamp paper)

*(Please delete whichever is not applicable)*

I ..... solemnly undertake and affirm as under:-

\_\_\_\_\_

1. That I am the complainant/ claimant/ opposite party to the accompanying complaint/ claim/ reply/ counterclaim.
2. That I hereby give voluntary consent to the Banking Ombudsman concerned, to settle disputes as per the Banking Ombudsman Scheme, 2002.
3. That the applicable law shall be the principles of natural justice, the Rules of the Banking Ombudsman Scheme, 2002 and the Arbitration and Conciliation Act, 1996.
4. That I further give my consent to the Banking Ombudsman concerned to decide the *ex equo et bono* or as *amiable compositeur*.

Deponent

Verified at .... on ..... that the undertakings contained in paras 1 to 4 are with full knowledge. free will and upon advice received. Nothing has been concealed therefrom.

(Deponent)

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<sup>1</sup> The applicants could be either the bank and its constituent or two banks for arbitration of inter-bank disputes.

2. This will include names of the guarantors and other third parties against whom relief might have been sought for or it may be necessary to make them parties to the arbitration.

3. Advocates if appointed should submit their Vakalatnama along with this Application Form.

4. Since the Banking Ombudsman has jurisdiction only up to the sum of Rs.10 lakhs, valuation may be checked by his Secretariat to decide whether the dispute is maintainable before him.

**Annexure 'C'**  
**Addresses and Area of Operation of Banking Ombudsmen**

| <b>Address of the Office of Banking Ombudsman</b>  | <b>Area of Operation</b>   | <b>Telephone/Fax No.</b>                     |
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| C/o Reserve Bank of India<br>La Gajjar Chambers,<br>Ashram Road, Ahmedabad-<br>380 009             | Gujarat, Union<br>Territories of<br>Dadra and Nagar<br>Haveli, Daman<br>and Diu          | Tel.No.6582357/6586718<br>Fax No.079-6583325 |
| C/o Reserve Bank of India<br>10/3/8, Nrupathunga Road<br>Bangalore-560 001                         | Karnataka  | Tel.No.2210771/2275629<br>Fax No.080-2244047 |
| C/o Reserve Bank of India<br>Hoshangabad Road, Post<br>Box<br>No.32, Bhopal-462 011                | Madhya Pradesh &<br>Chattisgarh  | Tel.No.573772/573776<br>Fax No.0755-573779   |
| C/o Reserve Bank of India<br>Pt. Jawaharlal Nehru Marg<br>Bhubaneswar-751 001                      | Orissa   | Tel.No.418007/418008<br>Fax No.0674-418006   |
| C/o Reserve Bank of India<br>15, Netaji Subhas Road<br>Kolkata-700 001                             | West Bengal and<br>Sikkim  | Tel.No.2206222/2205580<br>Fax No.033-2205899 |
| C/o Reserve Bank of India<br>New Office Building<br>Sector-17, Central Vista<br>Chandigarh-160 017 | Himachal Pradesh,<br>Punjab and Union<br>Territory of<br>Chandigarh                      | Tel.No.709589/721011<br>Fax No.0172-721880   |
| Kuralagam Building (3 <sup>rd</sup><br>Floor)<br>Esplanade<br>N.S.C.Bose Road<br>Chennai-600 108   | Tamil Nadu,<br>Union Territories<br>of Pondicherry and<br>Andaman and<br>Nikobar Islands | Tel No.5341645/5341619<br>Fax No.044-5341607 |
| C/o Reserve Bank of India<br>Station Road, Pan Bazar<br>Guwahati-781 001                           | Assam, Arunachal<br>Pradesh, Manipur,<br>Meghalaya,<br>Mizoram, Naga-<br>land & Tripura  | Tel.No.542556/540445<br>Fax No.0361-540445   |



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|--|---|--|
| C/o Reserve Bank of India<br>Annexe Building, Ground<br>Floor<br>Saifabad, Hyderabad-500<br>004                  | Andhra Pradesh  | Tel.No.3210013/3243970<br>Fax No.040-3210014 |
| C/o Reserve Bank of India<br>Ram Bagh Circle, Tonk<br>Road<br>Post Box No.12, Jaipur-302<br>004                  | Rajasthan   | Tel.No.570357/570392<br>Fax No.0141-562220   |
| C/o Reserve Bank of India<br>M.G. Road, Post Box No.82<br>Kanpur-208 001   | Uttar Pradesh<br>excluding District<br>of Ghaziabad &<br>Uttaranchal                  | Tel.No.361191/310593<br>Fax No.0512-362553   |
| C/o Reserve Bank of India<br>Garment House, Ground<br>Floor<br>Dr. Annie Besant Road,<br>Worli<br>Mumbai-400 018 | Maharashtra and<br>Goa  | Tel.No.4924607/4960893<br>Fax No.022-4960912 |
| Jeevan Bharati Building<br>Tower No.1, 7 <sup>th</sup> Floor<br>124 Connaught Circus<br>New Delhi-110 011        | Delhi, Haryana,<br>Jammu and<br>Kashmir and<br>Ghaziabad district<br>of Uttar Pradesh | Tel.No.3725445/3710882<br>Fax No.011-3725218 |
| 'Biscomaun Towers'<br>2 <sup>nd</sup> Floor, West Gandhi<br>Maidan<br>Patna-800 001                              | Bihar & Jharkhand   | Tel.No.C/o 236453<br>(NCC)<br>Fax No.0612-   |
| C/o Reserve Bank of India<br>Bakery Junction<br>Thiruvananthapuram-695<br>033                                    | Kerala and Union<br>Territory of<br>Lakshadweep                                       | Tel.No.332723/329676<br>Fax No.0471-321625   |