www.dhanbank.com

DhanlaxmiBank established 1927

## CUSTOMER REQUEST- REVERSAL OF SERVICE CHARGES FORM

<Form No.>

To,
The Branch Manager
Dhanlaxmi Bank
_____Branch

**Subject : Reversal of service charges in my/our Savings/Current Account**

I/we hereby request you to reverse the below mentioned charges levied in my account.

| Account No. | Charge Type | Amount of reversal | Reason for reversal |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Applicant (s) Name _____

Applicant (s) Signature _____

Date : D D M M Y Y Y Y

### FOR BRANCH USE

I hereby approve reversal of the above mentioned charges in Part /Full.

Reason for approval of Reversal _____

Branch Staff Name _____ Employee/POA No. _____ Signature _____

### FOR RPC/CPC USE

Inward No: _____ Inward Date: D D M M Y Y Y Y

Time:_____ Date of processing: D D M M Y Y Y Y

Maker EMP/POA No. _____ Signature_____

Authoriser EMP/POA No. _____ Signature _____

### CUSTOMER ACKNOWLEDGMENT COPY

Request Type : Reversal of service charges Form No. _____

Branch Staff Name _____

Branch Staff/Employee POA No._____ Branch Staff Signature _____

Date: D D M M Y Y Y Y