

STATE BANK OF INDIA
CUSTOMER FEEDBACK / COMPLAINT FORM

NAME (In Blocks)							
ADDRESS FOR CORRESPONDENCE							
Email							
Mobile No		Landline No.					
EXISTING CUSTOMER (PLS SELECT)			YES		NO		

IF "YES"

ACCOUNT NO		ATM Card No				
BRANCH/OFFICE						
Product Service about which you want to give feedback/ complaint						
Please give brief details of the feedback /complaint						

Date:

(Signature)