



Customer Complaint Form

CONFIDENTIAL

Fields marked with (*) are mandatory

1. Applicant details

*Customer of the Bank *Not a customer of the Bank

*Full name: _____

*Street no., Street name,
Building name, P.O. Box,
Room/Flat/Office no.: _____

*City/Town: _____ *Country: _____

*Phone: _____ *Postal Code: _____

Email: _____ Fax: _____

2. Means of communication of the complaint

Head Office CQUR phone CQUR e-mail CQUR fax Postal Service (letters)/courier

3. Problem description (if necessary, you can use attachments with description of the problem in free format)

Date the event occurred: / / Time the event occurred: :

Have you previously raised this concern with an employee of the Bank: Yes No

Description:
(provide a brief summary of the complaint/claim; use a separate sheet if necessary)

Please enclose any other relevant documentation that may help us handle the complaint.

4. What outcome are you seeking for:

Description:
(use a separate sheet if necessary)

5. How would you prefer to receive the Bank's reply

By post to the address provided above in the form By post to the following address:

*Street no., Street name,
Building name, P.O. Box,
Room/Flat/Office no.: _____

*City/Town: _____ *Country: _____

*Postal Code: _____

To the email provided above in the form To the following email: _____

To the fax number provided above in the form To the following fax number: _____

Head Office

Full name: _____

Signature: _____ Date: / /

For Bank use only

Received by: _____

The Bank treats all information provided via the Customer Complaint Form or otherwise during the examination of the complaint, as confidential.