First Women Bank Limited

Customer's Complaint Form

NAME: _____

ADDRESS: _____

CITY: _____

PHONE NO: _____ **CELL NO:** _____

FAX NO: _____ **E-MAIL:** _____

ACCOUNT TITLE: _____

BRANCH: _____

ACCOUNT NUMBER/IBAN: _____

PERSON SUBMITTING THE COMPLAINT: **CUSTOMER** **VENDOR** **OTHER**

COMPLAINT ABOUT: **PRODUCTS** **SERVICES** **BRANCH** **OTHER**

NATURE:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

DATE: _____

_____

(Customer's Signature)