

COMPLAINT FORM (WI-1103-F02E)

Bank Name					Branch								
Name of compliant		Natural						Moral					
Phone NO.		<u> </u>			E mail address								
Address		Account type											
Occupation		Account number											
Balance						dinar	d	lollars		other)	
		The	e subject	of tl	he complia	ant					`	,	
Documents if any				Yes	5	No	o						
Type of attached documents													
Declaration													
I confirm that all information provided above is correct and in accordance with reality and take the full													
responsibility for the inaccuracy of the above information also confirm that the subject of the complaint													
has not been presented to the judiciary authorities and I have not right to take any further actions in													
case got the agreement with the bank or the company as a corrective action on the subject of the													
compliant and will complete the required procedure by the bank or the company concerned.													
Signature of the						Dat	e						
compliant													
Signature of the						Dat	е						
compliant employee													
Result was reached by the banking awareness and consumer protection department													
Signature of the								Date					
BAACPD manager													