

CUSTOMER COMPLAINT FORM

Name :
A/c No :
Branch Name :
Address :
Email Address :
Contact No. (Mobile) :
(Home) :

Complaint Details :

Date :

SIGNATURE OF COMPLAINANT

<u>ACKNOWLEDGEMENT</u>	<u>NOTICE</u>
Received :	<i>Complainants are informed that, in case, they are not satisfied with the reply provided to them, or they do not receive a reply from the Bank within 3 months as from the date of their complaint, they may refer their complaint to the First Deputy Governor, Bank of Mauritius, specifying the nature of their complaint, the redress sought for and the reasons for their dissatisfaction duly accompanied by the following documents: (i) a copy of the complaint made to the Bank; (ii) a copy of the reply made by the Bank; and (iii) any other document or information which may be of relevance to the complaint.</i>
Signature :	
Name :	
Designation :	
Branch Name:	
Branch Tel no:	