

Complaint Form

Primary Customer's Name: _____

Visa Card

MasterCard

Supplementary (1)

Supplementary (2)

Quick Cash

Mobile:() _____ Tel. (Off): _____ Tel.(Res.): _____

Complaint about

- | | | | |
|--|--|---|------------------------------------|
| <input type="checkbox"/> Services | <input type="checkbox"/> Misbehaviour | <input type="checkbox"/> Disputes | <input type="checkbox"/> Statement |
| <input type="checkbox"/> Cards | <input type="checkbox"/> Misselling | <input type="checkbox"/> SMS | |
| <input type="checkbox"/> Loans | <input type="checkbox"/> Delay | <input type="checkbox"/> Services/Poor Customer Services Manager service | |
| <input type="checkbox"/> Charges | <input type="checkbox"/> Charges (AMF, OLF, LPF) | <input type="checkbox"/> Breach of Customer Services Manager agreement/contract | |
| <input type="checkbox"/> a. Annual Fee | <input type="checkbox"/> Interest | <input type="checkbox"/> Misleading advertising product information | |
| <input type="checkbox"/> b. Late Payment Fee | <input type="checkbox"/> Card limit | <input type="checkbox"/> Failure to carry out instruction | |
| <input type="checkbox"/> c. Card Limit | <input type="checkbox"/> Personal Loan | <input type="checkbox"/> Others _____ | |

Please explain the nature of your complaint in your preferred language and we will call you within 3 working days.

Customer's Signature: _____

Date : / /
DD MM YY

Terms and conditions apply

For Dubai First use only:

Date : / /
DD MM YY

Office Location: _____

Name & Signature of Customer Services Officer: _____

Reference no.: SQ/01/08