



INTERNET BANKING CUSTOMER COMPLAINT FORM

NAME: _____ BRANCH: _____

CUSTOMER INFORMATION

ACCOUNT NAME: _____

POSTAL ADDRESS: _____

ACCOUNT NUMBER: | | | | | | | | | | | | | | | |

INCIDENT DATE: / / (DD/MM/YYYY) MOBILE NO:

CUSTOMER COMPLAINT (Please Tick)

- User ID Forgotten
- Login Password Forgotten, Please Reset
- Transaction Password Forgotten, Please Reset

OTHER COMPLAINTS: _____

CUSTOMER SIGNATURE: _____ DATE: _____

BRANCH OFFICIAL'S NAME AND SIGNATURE: _____



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