



{ Complaint Form }

مصرف القابض الإسلامي للتمويل والاستثمار

Al-Qabedh Islamic Finance and Investment Bank

		Branch			
Name of Complainant		Client		Firm/ Company	
Phone Number		E-Mail			
Address		Account Type			
job title		Account Number		Balance	
<input type="checkbox"/> IQD <input type="checkbox"/> USD <input type="checkbox"/> Other ()					

Complaint Details in Brief

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Any Document Relating to Complaint		Yes	No
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Type of documents attached	
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Declaration

I declare that all of the information I have provided above is true and I take full responsibility for if the given information is incorrect , I also declare that the subject of the complaint is not before the courts, And I committed not to be entitled to take any further action in the event of agreement with the bank on a corrective action to the subject of the complaint and the bank completes this action.

Complainant's Signature		Date	
Employee's Signature		Date	

Outcome Reached by the Awareness Department

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Director's Signature		Date	
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