

Complaint/Feedback Form

Date:

Branch:

Customer Name			
Email Address			
Contact Number			
Communication Address			
Existing Customer (Please tick)	Yes		No
Customer A/c No. (if yes)			CIF No. (if yes)
Type of complaint/Feedback			
Details of Complaint/ Feedback			

Declaration

I/We the complainant/s here declare that:

- The information furnished herein above is true and correct; and
- I/We have not concealed or misrepresented any fact stated in aforesaid columns and the documents submitted herewith.

Date:

Customer's Signature:

Note: Please send this form dully filled and signed to the Shivalik Banks's branch.