FEEDBACK FORM (BDL CIRCULAR 158)

FRANSABANK SAL

Dear valued customer,

We, Fransabank, are committed to offer you the best products and services.

We greatly value your feedback and welcome any concerns, suggestions or complaints. This will help us further improve our standards to

guarantee your satisfaction.			
Client's information:			
Customer Full Name:	_		
Phone Number:	_		
Address:			
Branch:			
Client ID:			
est way to contact you:			
□ E-mail			
□ Phone		Preferred time	□9AM-12PM □12PM-2:30PM
Branch related to your complaint		Staff who served yo	u
* This form must be properly filled, so 'Financial Consumer Protection Unit * Our specialized unit will contact yo days unless for exceptional cases tha Privacy Note: All information on this for	" at the Head Office at Fransaba ou within 3 days of feedback subr at might require more time.	nk Sal. mission, and the duration of the w	ritten reply shall not exceed 15 working