



**HABIB CANADIAN BANK**

**Customer Complaint Handling Process**

**Brochure**

## Customer Concerns Form

Account Number:	Product Name:	
First Name:	Last Name:	
Street number & name:		
City:	Province:	Postal Code:
Country:	Home Phone:	
Cell Phone:	Work Phone:	
Fax:	Email:	

### Details of your concerns

Have you previously brought this to the attention of staff or management of Habib Canadian Bank?

NO  YES

To whom and when:

By signing and dating this document, you give us consent to forward personal information to Ombudsman of Banking Services and Investments, if need be.

Habib Canadian Bank is a member of Ombudsman of Banking Services and Investments.

Signature:	Date:
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Date received:	Reference no:	Signature:
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