

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:

Date received:

Reference no:

Signature: