



LIBANK

LEVANT INVESTMENT BANK

COMPLAINT FORM

1. FULL NAME	2. ACCOUNT NUMBER
.....

3. ADDRESS
.....

4. PHONE NUMBER	5. MOBILE NUMBER
.....

6. PREFERRED MEAN OF COMMUNICATION	
<input type="checkbox"/> Phone	<input type="checkbox"/> Mobile
<input type="checkbox"/> Email	<input type="checkbox"/> Other
.....

7. PREFERRED TIME OF COMMUNICATION	
<input type="checkbox"/> No preferred time	<input type="checkbox"/> 9:00 am – 12:00 pm
<input type="checkbox"/> 12:00 pm – 3:00 pm	<input type="checkbox"/> After 4:30 pm

8. COMPLAINT SUBJECT
.....

9. FIELD OF COMPLAINT	
<input type="checkbox"/> Bank account	<input type="checkbox"/> Loan
<input type="checkbox"/> Trading/brokering	<input type="checkbox"/> Private Equity/Investments
<input type="checkbox"/> Fees and commissions	<input type="checkbox"/> Other

10. REQUESTED DOCUMENTS
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11. DATE	12. SIGNATURE
.....

