



# Complaint/Suggestion Form

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**For Bank use**

Reference no:

Date:

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**Part A – About you**

Name (Mr./Mrs./Miss/Ms) : .....

Account Number/s : .....

Address : .....

Contact Numbers : Home: .....

Mobile: .....

Email : .....

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**Part B – Your complaint/ suggestion**

**What is your complaint/suggestion about?** (Please state the complain/suggestion)

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# Complaint/Suggestion Form

## Part C - Supporting evidence

Please attach copies of any documents if available or provide the details of such documents that may help us investigate your complaint (for example, letters, deposit slips, or any other references).

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**Signature**

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**Date**

**\*\*If you need help to fill in this form please contact our Compliance Department on +94 11 5222230**

**\*\*You can send completed form directly to:**

Compliance Department  
MCB Bank Limited  
No. 8, Leyden Bastian Road  
Colombo 01  
Sri Lanka.

or send us an email [complaints@mcb.com.lk](mailto:complaints@mcb.com.lk)