

THIRD SCHEDULE

(Made under regulation 51 (3))

COMPLAINT FORM

*For official use only*  
Complaint Reference Number:.....  
Date Received:.....  
Date determined:.....

A. Complainant's Details:

Male

Female

Age 16-24  25-34  35-44  45-54  55-64  65 and above

Name of Complainant:.....

Address:.....

Telephone No:..... Email:.....

B. Name of the Financial Service Provider against which the complaint is raised:

.....

Branch/Agent (if applicable):.....

C. Amount (in figure and words). If any:.....

.....

D. Brief statement of complaint and Remedy Sought:

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.....  
.....  
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E. Supporting Documents:

F. Declaration:

I..... declare that the information provided herein is true to the best of my knowledge and belief and that I did lodge my complaint to my financial service provider whereupon the financial service provider failed on ..... day of .....20..... to respond/resolve\* the matter. I also declare that this complaint is not subject of any of pending or concluded proceedings in any court of law or tribunal.

Signed.....

Date.....

\*Delete whichever is inapplicable