

Customer Complaints Form

Date:		
Name:	Civil ID No.:	
Account No.:	Tel No.:	Fax No.:
Address:	E-mail:	
	Subject of complaint	
<u>-</u>		
List of attached documents if any	☐ No documents	
that the subject of the complaint has not been fil	led in the court, and that forfeit the right to on the subject of the complaint and the full	any false or inaccurate information. I further declare take any further action in the event of reaching an execution thereof by the bank. I hereby undertake
Remarks:	Signature:	
The complaint shall be submitted by any of the fo	ollowing means:	
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- By hand to the Complaints Unit at the bank (Gulf Bank Head Office/Mubarak Al Kabeer Street/Fourth floor).
- By mail to the Head of Complaints Unit address (P.O.Box: 3200 Safat, 13032 Kuwait)
- By email to the Head of the Complaints Unit email: complaintsunit@gulfbank.com.kw, or to the fax number 22410175.

N.B: Response to the complaint submitted by the customer should be made within 15 business days from the date of receipt of complaint.