ANNEXURE 1

CUSTOMER COMPLAINTS FORM

Date:_____

Complaint Reference Number (for office use): _____

Customer Details

- Full Name: _____
- Contact Number: _____
- Email Address: _____

Complaint Details

- Service/Product Concerned: _____
- Date of Incident: _____
- Location (if applicable): _____

Please describe your complaint clearly (what happened, when, and where):

_____

_____

_____

Desired Resolution

(Please state what you would like to see as a resolution to this complaint)

_____

_____

_____

Declaration

I confirm that the information provided is true and accurate to the best of my knowledge.

Signature:_____

Date: _____

For Office Use Only

- Received by: _____
- Date Complaint Submitted: _____
- Expected Response Date (within 7 working days): _____

  Note: The BSE acknowledges receipt of this complaint and commits providing a resolution or update within 7 working days, depending on the complexity of the matter.

  The form should be submitted to the Head of Risk & Compliance, action should be made by the relevant team.