**Complaints Form**

To

**T.C. ZIRAAT BANKASI A.S. – ATHENS CENTRAL BRANCH**

Customer Complaints Service

Ermou 2, P.C. 10563, Athens

|  |  |  |
| --- | --- | --- |
| **Tel.** | **:** |  |
| **Fax** | **:** |  |
| **e-mail** | **:** |  |

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_

**Are you a customer of the Bank?**

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** |  | **NO** |  |

**If you have answered yes to the previous question, please fill in all the necessary information[[1]](#footnote-1)**

|  |  |
| --- | --- |
| Account Number  |  |
| CIF / Customer Code |  |
| Name and Surname |  |
| Title of the legal entity  |  |
| Name and surname of legal representative (for Legal entities)  |  |
| Address  |  |
| ID no |  |
| Tax Identification Number  |  |
| Telephone number |  |

 Please indicate with which bank service or product you have a complaint about

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Please describe your complaint in detail

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* I hereby declare the sending of my complaint for consideration
* I hereby declare that the information I mentioned above is accurate

|  |
| --- |
| Place / Branch |
| Date  |
| Signature |

1. In the event that you are not a customer of the Bank, fill in all the data available and note that the Bank will maintain and process your personal data as you provide it to us in accordance to the provisions in the General Data Protection Regulation (EU 2016/679). For more information, please contact us at grdataprotection@ziraatbank.com [↑](#footnote-ref-1)