

Complaint Update Request

To: T. C. Ziraat Bankası A.S. – Athens Central Branch

Date : ____/____/____

Re: Customer Complaints Service

Case number (as it was mentioned to you in the complaints receipt after submission)	
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 inform me regarding the course of the examination of the above-mentioned complaint that I have submitted.

Name, Surname and Signature

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