

BORROWER'S WRITTEN APPEAL

TO: APPEALS COMMITTEE

1. To be completed by the customer:		
Customer's Name:		
Account Number(s):		
Identity Card Number:	Telephone Number:	Fax Number:
Appeal:		
A	V 1	
Attached Documents: Please mark with	X where applicable	
Letter with Bank's decision		
Other relevant information		
Customer's Signature	Date	
2. To be completed by the Officer of Centr Please mark with X where applicable	al Processing Unit (for internal use)	
Recorded in the Register of Appeal		
☐ Submitted to the Appeals Committee		
Signature	Reference Number	Date of Receipt