

Complaint Form

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| Nature of your complaint: | |
| Customer name | |
| Name of representative, if any | |
| Contact details (tel, e-mail, address) | |
| Supporting documents, if any (to be attached to your e-mail) | |
| For the Bank only: | |
| Date of Entry | |
| Person in charge of treatment (name of Relationship Manager) | |

This form is to be sent by e-mail to Info@gazprombank.lu

The more precise and accurate the provided information will be, the more rapidly we will be able to handle your complaint and provide you with an answer.