COMPLAINTS FORM

MALLOW CREDIT UNION LIMITED

To: The Complaints Officer,
Mallow Credit Union Ltd,
135 Bank Place,
Mallow,
Co Cork.

Name of Complainant: _____

Address of Complainant: _____

_____

Membership No of complainant: _____

Description of Complaint:

_____
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_____
_____
_____
_____

Please attach copies of any relevant documentation. Please retain a copy of this form and any relevant documentation for your own records.

_____
Signature of complainant

Date: