



Complaint Form

Account type

Savings Current Credit card Loan Term Deposit

Account details

Account no. / Credit card

Customer's name FIRST NAME MIDDLE NAME LAST NAME

Address

CITY

PIN CODE

TEL NO.

MOBILE NO.

E-mail

Detailed description of problem

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CUSTOMER'S SIGNATURE

Date

Please send the duly filled form only through Post to Customer Service Department, Barclays Bank Plc, P.O Box 10145, Nariman Point, Mumbai - 400021. We will revert to you within 7 working days of the form reaching the bank.