

**COMPLAINTS FORM****WAY OF COMMUNICATION:**  
(Please tick accordingly) FAX ELECTRONICALLY IN PERSON

Dear Client,

If you have any suggestions or complaints as regards to the services provided to you by BCS Cyprus, you can utilize this form in order to submit to us your remarks with regard to improvement of BCS services:

**CUSTOMER INFORMATION**

NAME:

SURNAME:

LEGAL ENTITY NAME:  
(For Legal Entities)

CORRESPONDENCE ADDRESS:

POST CODE:

CITY:

COUNTRY:

CUSTOMER CODE:

TELEPHONE  
NUMBERS:

Home:

Work:

Mobile:

Fax:

E-MAIL:

**DESCRIPTION OF THE COMPLAINT****SIGNATURE:**(No signature is required  
when sent via e-mail)

DATE: \_\_\_\_\_

**FOR BCS Cyprus USE ONLY**