

**SUBMISSION OF WRITTEN APPEAL**

**TO: APPEALS COMMITTEE**

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| 1. **Customer’s Details :**
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| Customer’s Name:  |  |
| Acccount Number(s): |  |
| Identity Card No. / Passport No.  |  |
| Address :  |  | Email: |  |
| Telephone No.  |  | Fax: No. |  |
| 1. **Appeal Details : (Describe what exactly your appeal concerns ?)**
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| **Attached Documents of Evidence:** |
| The following documents are attached to support my/our appeal (e.g. Bank statement, Correspondence with the Bank, Letter with Bank’s proposal of restructuring, Credit Facility/Security Documents etc) |
| 1. |  | 4. |  |
| 2. |  | 5. |  |
| 3. |  | 6. |  |
|  |  |
| Customer’s Signature …………………………. Date…………………… |
| 1. **For Internal Use**
 |
|  |  |  |  |
| Date of Receipt ……………………………. Reference Number ………………………  |
|  |  |
| ………………………… …………………………  Name Signature |