

COMPLAINT FORM addressed to the Authorized bank Vojvođanska banka a.d. Novi Sad

The complainant

Full name / Title

ID number

Address

Phone / Fax

Mobile

E-mail

Description of complaints

Proposed solution

Please select the the way you want to get a response

The post

Fax

E-mail

Date

Signature of the complainant

FILLED BY THE BANK

No. of complaints

Date and place of receipt of the complaint

The way in which the complaint is submitted

The post
Fax

E-mail
Personally

Response to Complaint (date and responsible person)
