



Feedback Form

FAX this form to (02) 241-8945 or email to customerservice@equicomsavings.com.ph.

NOTE: Please complete this form in BLOCK CAPITALS and in black ink. Do not leave any unanswered field. Mark the box with a cross and put N.A. where applicable.

CUSTOMER INFORMATION

Full Name *(Last Name, First Name, Middle Name):*

Date of Birth *(mm/dd/yyyy):*

Mother's Maiden Name:

Home Landline Number:

Office Landline Number:

Mobile Number:

Email Address:

ACCOUNT DETAILS

Are you an existing Equicom Savings Bank Customer? Yes No

What does your feedback relate to? Please check that applies.

- ATM Business Loan Credit Card Internet Banking Branch Services
 Current Account Personal Loan Debit Card Mobile Banking Existing Complaint
 Savings Account Salary Loan Prepaid Card Any other account General Services
 Others, please specify: _____

Account Number:

Card Number:

Username *(for Internet and Mobile Banking only):*

Reference Number:

COMMENT/SUGGESTION/FEEDBACK DETAILS

Note: Please be specific in describing your comment, suggestion, or feedback so that we can investigate and accurately address those issues.

Have you spoken to someone about this already? If yes, can you give us their name(s) and the date you spoke to them?

Date of Call/Contact *(mm/dd/yyyy):*

Time of Call/Contact *(hh:mm):*

Tell us what happened:

By signing this Feedback Form, you certify that the details stated above are true and based on your knowledge. Should the Bank conduct any investigation or inquiry on this matter to validate and verify the information provided in your complaint, you authorize the Bank to disclose to a third party, the necessary information contained herein or pertinent to your bank account, loan or any banking facility and waive your rights and benefits under the Law on Secrecy of Bank Deposits (RA 1405), Foreign Currency Deposits Act (RA 6426), the General Banking Law and other laws on confidentiality of bank account, credit, loan and other related information.

Signature Over Printed Name

Date

FOR BANK USE ONLY

Result of Investigation:

Date Received *(mm/dd/yyyy):*

Date Resolved *(mm/dd/yyyy):*

Remarks:

Processed by:

Received by:

Date *(mm/dd/yyyy):*

Date *(mm/dd/yyyy):*

Thank you for your feedback. All information given in this form will be used for service improvement.