

بنك قطر الوطني الأهلي - شركة مساهمة مصرية مركزه الرئيسي 5 شارع شاملبيون - قسم قصر النيل - ومقيد بالسجل التجاري تحت رقم 188894 سجل تجارى استثمار القاهرة ويمقله قانونا السيد الأستاذ / الرئيس التنفيذي للبنك

Branch: _____ الفرع: Application number: _____ مرجع الطلب:
Customer ID: □□□□□□□□□□ رقم العميل

بيانات مقدم الطلب

QNB ALAHLI Client Yes No لا
Applicant Type Corporate شركات Individual افراد
Customer name: _____ اسم مقدم الطلب:
Permanent residential address (preferably in Arabic language): _____ عنوان الإقامة الدائمة (يفضل باللغة العربية):
No., street, City: _____ رقم المبنى، شارع، مدينة:
Zip Code, country: _____ رقم بريدي، المحافظة، الدولة:
Home Telephone: _____ تلفون المنزل: Proof of Identity's no.: _____ رقم تحقيق الشخصية:
Mobile Phone: _____ التليفون المحمول: E-mail address: _____ البريد الإلكتروني:

تفاصيل الشكاوى/الاقتراح

Complaint Type: Objection to the bank's response to a previous complaint اعتراض على رد البنك على شكوى مسبقة New جديد
Preferred means to communicate & follow up on the complaint: _____ الوسيلة المفضلة للتواصل ومتابعة الشكاوى:
Mail بريد E-mail address بريد الكتروني Home number تليفون ارضي Mobile number تليفون محمول
Attachments related to the complaint مرفقات متعلقة بالشكاوى

موافقة مقدم الطلب

The Applicant hereby acknowledges to have received a copy of this request on the date of its signature for reference and necessary action.

It is agreed that within a maximum of two working days from the date of the Complaint's submission, a bank representative shall notify the applicant of the complaint's reference number and inform him/her of the period required for investigating the complaint. It is therefore necessary to maintain the complaint's reference number through which the complaint may be followed-up.

The applicant declares that in the event where the complaint falls under full or joint liability with another bank, QNB ALAHLI has the right to send all or part of the complaint to the concerned bank in accordance with the procedures and regulations set forth in the Central Bank of Egypt directives for complaint handling.

Procedures for complaint filing and follow-up: Any natural or legal person has the right to file a complaint with the bank if he objects to any banking transaction that took place on his account, or if he suspects fraudulent activity in his accounts or any of his dealings with the bank. The complaint procedure is detailed as follows:

First: The client is entitled to submit his complaint through several channels as below:

- Complaints box located in branches.
- Tablets available in some branches.
- Call Center Hotline: 19700
- Quality Hotline available in the waiting area of some branches.
- Email: Quality.feedback@qnbalahli.com
- Bank's Website: www.QNBALAHLI.com
- Total Quality Management Department / Central Customer Service Unit: 5 Champollion Street - Downtown - Cairo.
- The bank's Social Media Platforms

Second: The Bank is committed to respond to the complaint (in writing, electronically or by a recorded call) within 15 working days of its receipt, except for complaints related to transactions with external parties, where the applicant will be notified of the period required to examine his complaint.

Third: In case of the applicant's non-acceptance of the bank's response to his complaint, he has the right to notify the bank with the reasons for his objection within 15 working days from the date of being notified of the bank's response; otherwise, it would be considered an acceptance to the bank's response.

Fourth: If the applicant objects to the bank's response, the bank shall re-examine the complaint and notify him of the final response within 15 working days from the date of objection.

Fifth: The applicant has the right to escalate his complaint to the Central Bank of Egypt if he objects to the Bank's final response or if he didn't receive any response to his complaint. It should be noted, however, that the procedures for filing complaints with the bank should be followed in the first place before submitting a complaint to the Central Bank of Egypt.

Client's Signature: _____ توقيع مقدم الطلب: _____ Date: _____ التاريخ: _____

For Branch Use Only

لاستخدام الفرع فقط

Actions taken/recommendations:

Enclosures if any:

Concerned Department:

Person in charge:

Email:

Date

For Quality Department Use Only

لاستخدام إدارة الجودة

Course of action:

Person in charge:

Settlement Date: