

Reference No:

NATIONAL RESERVE BANK OF TONGA

Customer Complaints Form

PERSONAL INFORMATION

Title: Mr Mrs Miss Ms

Full Name:

Date of Birth (Day/Month/Year)

CONTACT DETAILS

Phone

(please tick preferred contact)

Home:

Work:

Mobile:

Fax:

Email *(if applicable)*:

Postal Address:

DETAILS OF THE COMPLAINT

Name of Institution

Branch

Name/type of the product /service

Please provide a brief explanation¹ of the complaint *(please attach all documents)*

ADDITIONAL QUESTIONS *(please tick)*

- Have you raised your complaint with the institution? YES * NO
 - Has the institution sent you its response? YES * NO
- * *If you have answered YES please enclose copies of correspondence with this form.*

- Have you contacted any agencies or other consumer advocate about your complaint? YES * NO
- * *If you have answered YES, please provide copies of correspondence*

- Have you hired a lawyer/authorised representative to act on your behalf? YES * NO
 - Has there been any court action relating to your complaint – or have you taken legal action? YES * NO
- * *If YES to either of the two questions above, please provide details here or attach documents*

DECLARATION

I/ We hereby certify that the information provided is true and correct to the best of my/our knowledge.

Name:..... Signature:..... Date:.....

Name:..... Signature:..... Date:.....

Name(s) and Signature(s) of applicant(s). (If signing on behalf of the complainant please attach letter authorizing this).

Note:

1. The form must be returned to: Governor, National Reserve Bank of Tonga
2. Section 20 of the National Reserve Bank of Tonga Act 1988 states, “No director, officer or employee of the Bank shall be liable for an act or default of the Bank personally done or omitted to be done in good faith and without negligence in the course of the operations of the Bank”. This provision applies for all complaints handled by the National Reserve Bank of Tonga.