GN NO. 884 (contd)

SECOND SCHEDULE

(Made under regulation 48(1))

COMPLAINT RESOLUTION DECLARATION FORM

Complaint Reference Number:……
Date Received: ……
Date Resolved: ……

A. Complainant's Details: i. Name:……..…… …… ii. Address& Phone Number:……..
B. Financial Service Provider's Details i. Name: …… ... ii. Address & Phone Number: ……..
Branch/Agent (if Applicable): …….
C. Subject of Complaint: …… …… …… …… .....
D. Complaint Resolution: …… …… …… ……
E. Attachment(s): Attached Documents, if any: ☐ No Documents: ☐ List of Attached Documents:
F. Complainant Satisfaction/dissatisfaction: Satisfied: ☐ Not satisfied: ☐

GN NO. 884 (contd)

G. Appeal to the Bank of Tanzania

i. By hand to the Financial Consumer Unit
ii. By e-Mail to the attention of the Head of the Financial Consumer Protection Unit
iii. By e-Mail addressed to complaints@bot.go.tz
iv. Complaints Box displayed in the Bank's Reception Area
v. Website: https://www.bot.go.tz
vi. By Phone or Hotline: +255 22 223…….. or Fax: .....Mobile: ……..

H. Declaration:

We hereby declare that the information provided by us is correct and true to the best of our knowledge.

We also declare that this complaint is not subject of any pending or concluded proceedings in any court of law or tribunal.

I. Signature

Financial Service Provider:	Complainant:
Name of the signatory: …….	Name of the Complainant: ……..
Designation: …….	Signature: ……
Signature: ……..……	Date: ……
Date: ……	
Stamp: ……..	