Fields marked with \* are mandatory.

|  |  |
| --- | --- |
| **COMPLAINT E-FORM** | |
| **ASA MFB Customer \*** **Yes 🗆 No🗆** | |
|  |  |
| **Full Name \*** | **CNIC (without dashes) \*** |
|  |  |
|  |
| **Email** | **Contact Number \*** |  |
|  |  |  |
|  |
| **Mailing Address** | |  |
|  | |  |
|  |
|  |
| **Product/Service** | **Branch/Service Center Name \*** |  |
| Choose an item. |  |  |
|  |
|  |
| **City \*** |  |  |
|  |  |  |
|  |
| **Nature of Complaint \*** | |  |
|  | |  |
| **Description of complaint/Issue (1000 words maximum) \*** | |  |
|  | |  |
|  |
|  |