



Member Complaint Form

FAO: Branch Supervisor

MEMBER DETAILS:

Account Number:

Name:

Date of Birth:

Phone Number:

DETAILS OF COMPLAINT (please attach copies of relevant supporting documentation)

HOW WOULD YOU LIKE YOUR COMPLAINT RESOLVED:

Signature:

Date:

Note: This is an information document. It is not intended to be legally binding nor is it an interpretation of legislation. By signing you declare that all information as provided is truthful and accurate.

Member First Credit Union Ltd. is regulated by the Central Bank of Ireland