

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: <input type="checkbox"/> <input type="checkbox"/> List of Attached Documents: <input type="checkbox"/>		
F. Complainant Satisfaction/dissatisfaction: Satisfied: <input type="checkbox"/> Not satisfied: <input type="checkbox"/>		
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 <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Financial Service Provider: Name of the signatory: Designation: Signature: Date: Stamp: </td> <td style="width: 50%; vertical-align: top;"> Complainant: Name of the Complainant: Signature: Date: </td> </tr> </table>	Financial Service Provider: Name of the signatory: Designation: Signature: Date: Stamp:	Complainant: Name of the Complainant: Signature: Date:
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