

Name, Surname: _____

Personal ID: _____

Address: _____

Active E-Mail: _____

Phone Number: _____

Bank Product (Highlight): Credit / Deposit / Other

Claim Type (Highlight): Interest Income / Fees and Commissions / Fines and Penalties / Other Payments /
Administration, Service / Advertisement, Sales, Advices / Transactions / Third Part of the Credit Agreement /
Other

C L A I M

Desirable Answer Form (Mark):

By E-Mail (You'll get answer in 5 work days)

Written (You'll get answer in 10 work days)

Signed by Client

signed by Bank

Date of filling form

Date of receipt

Any client that feels dissatisfied with the service of the bank, has the right to address the bank with a claim, standard form of which you can get in any of our branches or on our website <http://progressbank.ge/eng/contact>. A maximum term for examining each claim is 10 work days from the receipt of the correctly filled out application by the bank. The claim will be examined by claims examination manager of Progress Bank.

The consumer will be informed about the decision concerning to the claim in a written, electronic or other forms of communication. Information about the process of examination can be received through web-site <http://progressbank.ge/eng/contact>