Metro Remittance (UK) Ltd.

Complaint Form		
☐ On-line ☐ Walk-in ☐ Phone-in		Reference No. 20
Complaints Handling Officer Metro Remittance (UK) Limited 12 Kensington Church Street London W8 4EP		
Date of Complaint	:	
Remitters ID	: Remittance Refe	erence :
Remitters Complete Name	:	
Address/Contact Details	:	
Preferred Communication	☐ Written ☐E-mail ☐ Phone	
Sir/Ma'am,		
Nature of complaints: (Kindly relevant document/s)	provide complete details of the incident	of your complaint and attach
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Exhibit A

Action to be Taken: (Kindly provide needed/required action you want MRUK to undertake to resolve the problem)
By signing on this complaint form, I hereby certify that the information indicated above are true and correct.

[Name and Signature of Complainant/Employee for Phone-in Complaint]