YOUR DETAILS **Our Ref No. _____**

CBN ID NO:	**Date of Birth:**
Name:	**E-mail:**
Address:	
Mobile Phone number:	**Landline number:**

What is your complaint? **(Please attached a separate sheet if the space provided is insufficient)**

Signature Date

_____ _____

Please Return to:
CBN GREECE S.A.
18 Omirou Street 10672 Athens Greece

Tel: +30 210 361 9144
Fax: +30 210 361 8978
Email: cbnathens.complain@cbngrupo.net
Web: www.cbngrupo.net