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 IRELAND REMITTANCE CENTRE LTD.
1/F 16 Suffolk St., Dublin 2, Ireland

Tel: 353 16706432
Fax: 01-672-9218
Email: cbndublin.complain@cbngrupo.net
Web: www.cbngrupo.net