

Bank of Sydney LTD (BOS) ABN 44 093 488 629

Reference Number:Bank
Use**Privacy of Personal Information**

The Personal Information requested in this document is required by BOS in the course of banking services provided to you. You may, on request access the information we have collected from you. Should you decline to provide us with the information requested in this document we would not be in a position to assist you with our banking services. BOS reserves the right to refuse to provide you with banking services if you have not provided the required information.
Further details on BOS's privacy policy may be obtained on request.

Information about third parties

In order to minimise the chance of breaching the privacy of people not involved in your complaint with the bank, we ask that you try to limit the information you provide to us to that which concerns you and the bank. However, we recognize that sometimes information about third parties is relevant and therefore necessary to understand, consider and resolve a complaint.

If information about another person (such as a joint account holder, partner or relative) is relevant to your complaint and you need to tell us about that person, if possible, make them aware that you are sending the information to Bank of Sydney.

In some cases, the information may need to be deleted or returned to you, if we decide that keeping and using it would breach the privacy of the other person, or that we can solve the complaint without that information.

Record Retention

Files are not kept indefinitely and will generally be destroyed 7 years after they are closed unless there are compelling reasons for keeping them longer.

Please hand in completed form at your nearest BOS branch or forward completed form to:

Customer Complaints Officer**Bank of Sydney Ltd****GPO Box 4288****SYDNEY NSW 2001****(Please use BLOCK letters to complete this form)****DETAILS OF THE PERSON MAKING THE COMPLAINT**Title Surname Given Name/s Mailing Address Suburb State Post Code

*In view of the confidentiality consideration, it is our policy to reply via normal mail when confidential information is being transmitted.

Email Address

Contact phone/fax numbers: (Please indicate preferred contact during business hours)

Work Home Mobile Fax **DETAILS OF COMPLAINT**

I am complaining about : (please tick)

 BOS Branch/Head Office Department (please specify) Individual

Address	Person/s Name
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When did the events causing the complaint first occur?

Have you contacted the Branch/ Department about this problem? (please tick)

Yes. If yes, who did you speak to? No.

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Note: If the complaint relates to a disputed EFT transaction, please complete an 'Electronic Transaction Dispute' form (if you have not already done so). These forms are available at any branch or by calling 1300 888 700.

If an account is involved in this complaint, please specify:

Name of Account	Account Number
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SUMMARY OF YOUR COMPLAINT

Please give us all the information that you think is relevant to your complaint. Give us a brief description of events. We need to know what happened, where it happened and who did it (if the complaint is against an individual). Please include dates and other details that you can remember. **PLEASE ATTACH COPIES OF ALL SUPPORTING DOCUMENTATION ABOUT THE MATTER OF COMPLAINT SO THAT WE CAN INVESTIGATE.**

** If there is insufficient space, please continue on a blank piece of paper and attach.*

Was there any offer made to resolve the problem?

Yes. If yes, provide details No

What do you consider to be a fair resolution to the problem?

PERSONAL INFORMATION ON THIS FORM

We specifically wish to inform you that the personal information you have provided on this form will be used exclusively for the purposes of investigating and solving your complaint by the relevant person/s and or Department within Bank of Sydney (BOS).

PLEASE SIGN AND DATE THIS FORM

Signature:	Date
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Signature	Date
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