



CUSTOMER COMPLAINT/ CANCELLATION INTAKE FORM

Date:

CIF/ ID No:

Name of Client:

Contact No: (Cell): (Work): (Email address):

Complaint:

Submitting a cancellation request will not automatically result in the cancellation being approved. Our office recommends that you refer to the terms and conditions of your signed loan agreement.

Received by:

Job Title:

Date Received:

Copy to Client: YES/NO

Date stamp