

AVAIL AGENT MEMORANDUM/ COMPLAINT FORM

 Write In

 Through Phone

 Reported by 3rd Party

 Reported by Center Stockist/ Branches

COMPLAINANT'S DETAILS

Name	Agent Code	Contact No.	I/C	Date
<input type="checkbox"/> UPDATE OF BANK ACCOUNT INFORMATION				
Payee Name	Payee Account No	Type of Bank	W.E.F	Action Taken
<input type="checkbox"/> UPDATE OF MAILING ADDRESS				
New Mailing Address		Postcode	State	Action Taken

OPERATION DEPARTMENT			Action Taken
<input type="checkbox"/> Bonus Voucher Lost & Not Received	Month of:		
<input type="checkbox"/> Bonus Statement Lost & Not Received	Month of:		
<input type="checkbox"/> Membership card Lost & Not Received			
<input type="checkbox"/> Bonus Wrongly Calculated	Month of:		
<input type="checkbox"/> Others	Please Specific:		

ACCOUNT DEPARTMENT			Action Taken
<input type="checkbox"/> Bonus Cheque Lost & Not Received	Month of:		
<input type="checkbox"/> Bonus Through E-Banking Not Received	Month of:		
<input type="checkbox"/> Others	Please Specific:		

LOGISTIC DEPARTMENT			Action Taken
<input type="checkbox"/> Goods Lost & Not Received	RCGN/CB:		
<input type="checkbox"/> Goods Shortage	DO REF:		
<input type="checkbox"/> Goods Damage	Reason:		
<input type="checkbox"/> Others	Please Specific:		

Requested By: Name:	Received By:	Ref. No. Prepared By:	Ref. Completed By:	Ref. Filing By:
Nric:				
Date:	Date:	Date:	Date:	Date: