



COMPLAINTS HANDLING PROCEDURE / *PROSEDUR MEMANGANI ADUAN*

Please forward your completed complaint form to us through/*Sila hantarkan borang yang telah disediakan kepada:*

Customer Service Officer at the Helpdesk/*Pegawai Khidmat Pelanggan di Kaunter Perkhidmatan*

Mail/*Pos:* The Bank of Nova Scotia Berhad,
P.O. Box 11056
50734 Kuala Lumpur

Email/*E-mel:* bns.kualalumpur@scotiabank.com

Fax/*Faks* Complaints Dept at 03-21412160/
Jabatan Pengaduan di 03-21412160

Telephone/*Talifon:* Mr. Chee at 03-2147 3110 or Mr Sunny Goh at 03-2147 3083

Upon receipt of your complaint, the Bank will acknowledge and respond to you within 14 days from receipt of the complaint.

Setelah menerima aduan anda, Bank akan mengiktiraf dan bertindak-balas dalam masa 14 hari dari tarikh penerimaan aduan.

However, if the case is complicated or involves complex issues that require further investigation, the Bank will inform you in writing the reasons for the delay and the need for additional time to resolve the complaint; not later than 30 days from the date the complaint was first lodged.

Namun, jika kes yang rumit atau melibatkan isu-isu kompleks yang memerlukan siasatan lebih lanjut, Bank akan memberitahu anda secara bertulis alasan-alasan penangguhan dan waktu tambahan yang diperlukan untuk menyelesaikan aduan tersebut dan akan dimaklumkan kepada pelanggan selewat-lewatnya 30 hari dari tarikh pertama kali membuat aduan.

Other avenues to lodge a complaint/Saluran lain untuk mengemukakan aduan

Should you be dissatisfied with our explanation provided or action taken, you may appeal to Bank Negara Malaysia or the Financial Mediation Bureau.

Jikalau anda kurang puas hati dengan penjelasan kami atau tindakan yang telah diambil, anda boleh kemukakan rayuan kepada Bank Negara Malaysia atau Biro Pengantaraan Kewangan.

COMPLAINT FORM/BORANG PENGADUAN		FORM NO. <input type="text"/>
CUSTOMER FORMATION/ MAKLUMAT PELANGGAN		
NAME/NAMA		
ADDRESS/ALAMAT		
CONTACT NO./NO. PANGGILAN:		
Office / Pejabat _____	Residence/ Kediaman _____	Handphone / Telefon bimbit _____
EMAIL ADDRESS/ E-mel	TYPE OF ACCOUNT/JENIS AKAUN	
FAX NO./FAKS NO.	ACCOUNT NO./AKAUN NO.	
CONTENT OF COMPLAINT/MY COMPLAINT IS AS FOLLOWS: (Please enclose photocopies of relevant documents and ensure the facts of complaint are explained clearly)	ISI PENGADUAN/PENGADUAN SAYA ADALAH SEBAGAI BERIKUT: (Sila lampirkan salinan dokumen yang relevan dan memastikan fakta-fakta aduan dijelaskan dengan teliti)	
DATE/TARIKH	SIGNATURE/TANDATANGAN	

FOR OFFICE USE/UNTUK PEJABAT SAHAJA	
OFFICER-IN-CHARGE/PEGAWAI BERTANGGUNGJAWAB	DATE RECEIPT/TARIKH DITERIMA
MODE OF COMPLAINT/JENIS PENGADUAN	
<input type="checkbox"/> WALK – IN <input type="checkbox"/> FORMAL COMPLAINT <input type="checkbox"/> EMAIL / FAX <i>MASUK TERUS PENGADUAN RASMI E-MEL / FAKS</i>	
<input type="checkbox"/> OTHERS (PLEASE SPECIFY) _____ <i>LAIN-LAIN</i>	
RESPONSE/RESPONS	
DEPARTMENT/JABATAN	
INITIAL OF RECIPIENT/PARAP PENERIMA	DATE/TARIKH
RESULTS OF COMPLAINT/HASIL PENGADUAN	
DATE COMPLAINEE CONTACTED / COMPLAINT RESOLVED <i>TARIKH PENGADU DI HUBUNGI/PENGADUAN SELESAI</i>	
FURTHER ACTION (IF APPLICABLE)/TINDAKAN LANJUT (JIKA BERKENAAN)	
<input type="checkbox"/> FURTHER INVESTIGATION <input type="checkbox"/> EXTENSION OF TIME REQUIRED <i>SIASATAN LANJUT LEBIH MASA DIPERLUKAN</i>	
<input type="checkbox"/> COMPLAINEE DISSATISFIED <input type="checkbox"/> OTHERS (PLEASE SPECIFY) <i>KETIDAK-PUASAN PENGADU LAIN-LAIN</i>	
REASONS FOR ABOVE/ALASAN BAGI PERKARA DI ATAS	
ISSUE DEADLOCK LETTER : YES / NO <i>SURAT TIADA PENYELESAIAN:</i>	DATE ISSUED/TARIKH DIKELUARKAN
AUDIT REVIEW/ULASAN AUDIT	
INITIAL/PARAP	DATE/TARIKH