

				ДРР	CHUIX
			То		
			First Investmen	t Bank AD	
<b>Ref. No:</b> M/H/Б-	/Ж				
	FEE	DBACK FORI	М		
Opinion	Assistance needed	☐ Com	mendation 🔲 C	Complaint	
From					
(full name of the individual or PERSONAL ID No/I	legal entity) JIC/BULSTAT	r	enresented hv		
			-		
	nder notarized power of attorney No.				
Regarding (brief descrip	otion)				
☐ Bank accounts	☐ Credit products	☐ Transfers	☐ E-banking	☐ Other	
Expected actions o	on the part of the Bank				
Supporting docume	ents (please attach copies of docu		a faster response¹)		
Contact details (plea	se indicate your preferred method of	communication)			
mailing address:					
-					
Date:			Signature:		

## Accepted by (to be completed by the Bank)

employee names branch/office date

 $<sup>^{1}</sup>$  Feedback is important to us. We will consider this form carefully and provide you with a response as soon as possible.