

COMPLAINT FORM

Name, Surname

Place of birth date of birth ID no.

Residence (full address)

Tel. E-mail.....

Account referred to which the complaint refers.....

Registered to.....

as Holder Legal representative Representative Other

Type of complaint:

Generic complaint Payment Services Complaint

appeals to this Institute to decide on the following:

(precise description of the subject of the complaint, the reasons behind it, the request made)

(Please list documentation useful for decision-making purposes and attach a copy of the applicant's ID)

Date..... Signature.....

Section dedicated to the Institute

Organizational units involved

Date of reception

Signature of the responsible manager