

COMPLAINT FORM

COMPLAINT FORM

DATE OF SUBMISSION (dd/mm/yyyy) _____

i. COMPLAINANT'S INFORMATION

Customer's full name:	
ID or passport / Registration No. (for legal entities)	
Country of nationality / country of registration (for legal entities)	
Payment Account number	

ii. CONTACT DETAILS

Correspondence address	Street	Number	Office
	City	Postcode	Country
Contact person			
Contact email			
Phone numbers		Fax number	
Preferable channel of communication in regard to this complaint			

iii. DETAILS OF COMPLAINT

Date of service provided:
Type of service provided:
Unique number of transaction (if applicable):
Description of the complaint (please provide up-to-date accurate description of actions of the Payment Institution or its employee(s) you complain on (use additional sheet if necessary):

iv. DOCUMENTS ATTACHED TO COMPLAINT (IF ANY):

	Description of document	No. and date of document
1		
2		
3		

I hereby certify and confirm that to the best of my knowledge, the information furnished above is true, accurate, correct and complete.

Signature: _____

Name: _____

Position (for legal entities): _____

For Official Use Only

Received on:	Unique Reference No.:
Received by:	Signature

To be completed by the Complaints Officer

Operational Risk event (Yes/No)	If yes, date and time of Risk Manager and Senior Management informing:
Security related complaint:	If yes, date and time of Risk Manager and Senior Management informing:
Complaints Officer (Names)	Signature