

DATE OF SUBMISSION \_\_\_\_\_

**I. COMPLAINANT'S INFORMATION**

Customer's full name:			
Payment Account number			
Incorporation data	#	Date	Country
ID/Passport	#	Date of issue – Date of expiry	Country
Birthday / Nationality	Birthday	City, Country	Nationality

**II. CONTACT DETAILS**

Correspondence address			
Phones office / fax / e-mail	(of)	(f)	e-mail:
Contact person			e-mail:
Preferable channel of communication in regard to this complaint	<input type="checkbox"/> phone		<input type="checkbox"/> e-mail

**III. DETAILS OF COMPLAINT**

Date of service provided:	dd/mm/yyyy
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

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 Official Use Only**

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

**To be completed by the Complaints Officer**

Operational Risk event	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, date and time of Risk Manager and Senior Management informing:	____:____ ____/____/____
Security related complaint:	<input type="checkbox"/> YES <input type="checkbox"/> NO		____:____ ____/____/____

Complaints Officer

Signature

