**COMPLAINTS FORM**

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| --- | --- |
| Customer Account Number: |  |
| Name and Surname: |  |
| ID or Passport Number: |  |
| Nationality: |  |
| Residential Address: |  |
| Name of the legal entity (if applicable): |  |
| Registration Number (if applicable): |  |
| Business Address (if applicable): |  |
| Name and Surname of the Authorized Representative (if applicable): |  |
| ID or Passport Number: |  |
| Nationality: |  |
| Email:  |  |
| Telephone Number: |  |
| Date & time that the issue occurred: |  |
| Affected Transaction(s) and Transaction Numbers (if applicable): |  |
| Products and/or Services provided by the Company: |  |
| Employee who offered the Products and/or Services (if applicable): |  |
| Claimed Damage / Amount: |  |

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| --- | --- | --- | --- | --- |
| Clear Description of the issue  |  |  |  |  |

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Please enclose all the evidence and supporting documentation you have in your possession to assist us with your complaint. Moreover, refer to any material correspondence you have exchanged with the Company which is relating to your complaint.

Please note that the below Complaint Form is only indicative and not exhaustive. The Company may request further information documents, clarifications and/or evidence regarding your complaint.

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With my signature below, I hereby confirm and certify that the information provided above is true, accurate, correct, and complete.

Name & Surname: …………………………………………………

Signature: …………………………………………………

Date: …………………………………………………

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