

DATE OF SUBMISSION _____

I. COMPLAINANT'S INFORMATION

Customer's full name:			
Payment Account number			
Incorporation data ¹	#	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
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 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	

¹ Only for legal entities