THE FINANCIAL OMBUDSMAN OF THE REPUBLIC OF CYPRUS

COMPLAINT FORM AGAINST FINANCIAL BUSINESSES BY INDIVIDUALS

under the Law 84(I)/2010, as amended or replaced (hereinafter «the Law»).

A. GENERAL INFORMATION

By filling in this form individuals can submit a complaint to the Financial Ombudsman against financial businesses, regarding a protest or objection or dispute of value up to the amount of one hundred and seventy thousand euro (€ 170.000), provided that the conditions are cumulatively met, under provision of articles 9 and 10 of the Law.

These conditions are as follows:

- (a) The complaint is submitted by a consumer.
- (b) The consumer has previously addressed his complaint in writing to the financial business against which the complaint is directed, within fifteen (15) months from the date he/she became aware or reasonably should have become aware of the damaging act or failure of the financial business or the fact that he/she had reason for submitting a complaint.
- (c) The consumer has received a reply to the complaint from the financial business, which does not satisfy him/her, within a specified period of three (3) months from the date of receipt of the complaint or has not received a reply from the financial business and the three-month period has expired. The complaint is submitted to the Financial Ombudsman within a specified period of four (4) months from either the date of receipt of the reply from the financial business or the deadline of the three-month period during which the financial business had to respond to the consumer
- (d) The financial business the complaint is directed against must have been in operation, under legal authorization or under the freedom of establishment regime, at the period referred to in the complaint.
- (e) The transaction falls under the supervision of the responsible supervisory authority.
- (f) A decision on the same complaint has not already been issued by a Court of the Republic and a judicial procedure is not pending for the enquiry of the same complaint.

The complaint can be submitted to the Financial Ombudsman:

- (a) By hand or by post to the address 13 Lordou Vironos Avenue, 1096, Nicosia or P.O. Box 25735, 1311, Nicosia
- (b) By facsimile (fax) to 22-660584 or to 22-660118
- (c) By electronic mail (e-mail) to the address: complaints@financialombudsman.gov.cy

The complaint must be accompanied by a receipt of payment of the fee of twenty euro (€ 20). The payment can be made to one of the following accounts:

(a) Cooperative Central Bank or Cooperative Credit Institution,

IBAN: CY16 0070 1010 0000 0000 4002 8214 Swift Code & BIC Code: CCBKCY2N

(b) <u>Hellenic Bank</u>, IBAN: **CY78 0050 0109 0001 0901 7087 6401** Swift Code & BIC Code: **HEBACY2N**

(c) <u>Bank of Cyprus</u>, IBAN: **CY52 0020 0195 0000 3570 1944 4789** Swift Code & BIC Code: **BCYPCY2N**

For more information please visit the website of the Financial Ombudsman of the Republic of Cyprus (www.financialombudsman.gov.cy).

B. FALSE STATEMENTS AND CONCEALMENT OF INFORMATION

Under article 26 of the Law, whoever knowingly makes false, misleading or fraudulent statement or conceals an essential element or in any way obstructs the complaint investigation by the Financial Ombudsman, during the process of providing information for the purposes of the Law or Directives issued under it, is guilty of an offense and on conviction is subject to imprisonment not exceeding two years or to a fine not exceeding ten thousand euro (€ 10,000) or to both such penalties.

C. STATEMENT OF CONSENT for Collection and Processing of Personal Data under the Law 138(I)/2001, as it is amended or replaced.

I the und	dersigned (note your name & surname)		with identity card no.
	give my consent and authorize to	the Financial Ombudsman, to store	and process personal
informati	ion for the purpose of investigation of the compla	int I submit with this form.	
	[Full Name & Surname]	[Signature]	
Date:			

D. COMPLAINT DETAILS

D1. Complainant Details

Name:		Surname:
Identity Card No.:		Nationality:
Occupation:		
	НОМІ	E ADDRESS
Street:		Number:
Flat No.:		Postal Code:
City/Town:		
<u> </u>	POSTAL ADDRESS (if di	ifferent from your home address)
Street:		Number:
Flat No.:		Postal Code:
City/Town:		
Mahila nhana na i	1	ama mbana na i
Mobile phone no.: Fascimile (Fax) no.:	l l	ome phone no.: lectronic Mail (e-mail):
rasciilile (rax) 110		lectronic Mail (e-Inali).
D2. Details about the	e Financial Business against wh	ich the complaint is directed
Company/Mutual Fun	oney Institution/Payment Instit ds Management Company/Other)	cution/Insurance Company/Investment Services Provider
Business Name:		
	POSTAL ADDRE	SS OF BRANCH OFFICE
Street:		Number:
Postal Code:		City/Town:
D.3.1. Amount relation Currency Amount	ng to your complaint (up to one h	nundred and seventy thousand euro (€170.000)). In writing
LL		
Convert amount in e	euro (if the dispute involves foreign	In writing
	f Complaint and resulting conse	equences
D.3.2. Description O	f Complaint and resulting conse	
D.3.2. Description O		
D.3.2. Description O		

If you need more space, please use additional page that bears your signature and attach it to the	end of this form.
(II) When and/or under what circumstances were you informed of the harmful, in your vie financial business or the fact that you had reason for submitting a complaint to the Financ	
Day Month Year	
If you need more space, please use additional page that bears your signature and attach it to the	end of this form.
(III) Have you initiated and/or are you aware of the commencement of any procedu complaint before any Court in the Republic?	ire relating to the submitted
No	
Yes If Yes, note the case number:	
D.3.3. Submission of Complaint to the Financial Business	
(I) Have you submitted a written complaint to the financial business?	Yes / No
If Yes, fill in the (II)-(V) below:	

(l)	Have you submitted a written complaint to the financial business?		Yes / No	
If Yes	, fill in the (II)-(V) below:			
(II)	Date of submission of complaint to the financial business:	Day	Month	Year
(III)	Have you been informed that the complaint was received by the financial business?		Yes / No	
	Dusiness!	Day	Month	Year
	If Yes, when?			
(IV)	Have you received a reply from the financial business?		Yes / No	
	If Yes, when?	Day	Month	Year
(V)	Briefly explain why you are not satisfied with the reply of the financial business.			
If you	need more space, please use additional page that bears your signature and attach it to the en	nd of this f	orm.	

E. REQUIRED DOCUMENTS/INFORMATION TO BE SUBMITTED

Please check if you have attached the following documents and make a record of any other document/information that you have attached to this form (with reference number of each document attached).

	DOCUMENTS	ATTACHED?
1.	Receipt of payment fee for complaint	(YES/NO)
2.	Copy of identity card or passport	
3.	Copy of the complaint submitted to the financial business	
4.	Complaint acknowledgement by the financial business (where applicable)	
5.	Copy of the reply received from the financial business	
6.	Copy of contract relating to the complaint (where applicable)	
7.		
8.		
9.		
10.		
I here and/or	NED DECLARATION by declare that until today a decision by a Court of the Republic has not been issue there is not any pending judicial procedure before a Court of the Republic in related to the Financial Ombudsman of the Republic of Cyprus.	
submi	tied to the Financial Offibuusman of the Republic of Cyprus.	ation with my complain
submi	[Full Name & Surname] [Signature	

Date of receipt				Serial Number:/.	
	Day	Month	Year	CODE	
By hand By F	ascimile (f	ax) F	Ry Flectonic	mail (e-mail)	By post
by hand by h	usoninio (i	ux, E	by Licotoffic	man (c man)	_ By post
				LCI at which depo	neit was mada:
Date of Payment of Fee for Complaint				Loi at Willon acpt	on was made.

Contact Phone: +357 22848900