

**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 two hundred and fifty thousand euro (€250.000), 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 in one of three (3) ways:

- (a)** By hand or by post to the address **15 Kypranoros, 1061 Nicosia or P.O. Box. 26722, 1647 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)** Hellenic Bank, IBAN: **CY32 0050 0143 0001 4301 G437 0501** Swift Code & BIC Code: **HEBACY2N**
- (b)** Hellenic Bank, IBAN: **CY78 0050 0109 0001 0901 7087 6401** Swift Code & BIC Code: **HEBACY2N**
- (c)** Bank of Cyprus, 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 undersigned (*note your name & surname*)with identity card no. or passport no. give my consent and authorize the Financial Ombudsman, to store and process personal information for the purpose of investigation of the complaint I submit with this form.

.....
[Full Name & Surname]

.....
[Signature]

Date:

D. COMPLAINT DETAILS

D1. Complainant Details

Name:		Surname:	
Identity Card No. /Passport No.:		Nationality:	
Occupation:			

HOME ADDRESS

Street:		Number:	
Flat No.:		Postal Code:	
City/Town:		Country:	

POSTAL ADDRESS (if different from your home address)

Street:		Number:	
Flat No.:		Postal Code:	
City/Town:		Country:	

Mobile phone no.:		Home phone no.:	
Fascimile (Fax) no.:		Electronic Mail (e-mail):	

D2. Details about the Financial Business against which the complaint is directed

Fill in accordingly:

(Bank/Electronic Money Institution/Payment Institution/Insurance Company/Investment Services Provider Company/Mutual Funds Management Company/Other)

Business Name:			
POSTAL ADDRESS OF BRANCH OFFICE			
Street:		Number:	
Postal Code:		City/Town:	

D3. Subject of Complaint

D3.1. Amount relating to your complaint (up to two hundred and fifty thousand euro (€250.000)).

Currency	Amount	In writing

Convert amount in euro (if the dispute involves foreign currency)	In writing
€ _____	

D3.2. Description Of Complaint and resulting consequences

(I) Summary of complaint and recording of damages caused:

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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 view, action or omission of the financial business or the fact that you had reason for submitting a complaint to the Financial Ombudsman?

Day	Month	Year

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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 procedure relating to the submitted complaint before any Court in the Republic?

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:				
(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? If Yes, when?	Yes / No		
		Day	Month	Year
(IV)	Have you received a reply from the financial business? If Yes, when?	Yes / No		
		Day	Month	Year
(V)	Briefly explain why you are not satisfied with the reply of the financial business.			
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<i>If you need more space, please use additional page that bears your signature and attach it to the end of this form.</i>				

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).

No.	DOCUMENTS	ATTACHED? (YES/NO)
1.	Receipt of payment fee for complaint	
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.		

E. SIGNED DECLARATION

I hereby declare that until today a decision by a Court of the Republic has not been issued and/or is not pending and/or there is not any pending judicial procedure before a Court of the Republic in relation with my complaint submitted to the Financial Ombudsman of the Republic of Cyprus.

.....
[Full Name & Surname]

.....
[Signature]

Date:.....

FOR INTERNAL USE				
Date of Submission of Complaint Form				Serial Number:...../.....
	Day	Month	Year	CODE
By hand	<input type="checkbox"/>	By Fascimile (fax)	<input type="checkbox"/>	By Electronic mail (e-mail)
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Date of Payment of Fee for Complaint				LCI at which deposit was made:
	Day	Month	Year	
Payment Fee Receipt Number		<input type="text"/>		

Contact Phone: +357 22848900