

**THE FINANCIAL OMBUDSMAN
OF THE REPUBLIC OF CYPRUS**

**COMPLAINT FORM
AGAINST FINANCIAL BUSINESSES
BY LEGAL ENTITIES**

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

A. GENERAL INFORMATION

By filling in this form legal entities, charity institutions, associations, persons associations, trusts and provident funds 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.
- (g) The complaint to be submitted by a legal entity against a financial business and to relate to services which the legal entity does not offer to its customers.

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) 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. REPRESENTATIVE DECLARATION 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. 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

LEGAL ENTITY'S DETAILS FOR WHICH THE APPLICATION IS SUBMITTED			
Business name:			
Registration No.		Country of registration:	
TYPES OF LEGAL ENTITY			
(choose with an X one of the following and respectively fill in the adjacent column)			Numerical amount (EUR) ¹
Legal Entity		Annual turnover ²	
Charity institutions		Annual revenues ²	
Associations			
Persons associations			
Provident funds		Net assets as at 31 st of December of previous year ³	
Trusts			
CONTACT ADDRESS			
Street:		Number:	
Postal Code:		City/Town:	
Contact Number:		Fascimile (Fax) no.:	
Electronic Mail (e-mail):			

REPRESENTATIVE'S DETAILS			
Name:		Surname:	
Identity Card No.:		Nationality:	
Occupation:			
CONTACT ADDRESS			
Street:		Number:	
Postal Code:		City/Town:	
Contact Number:		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 one hundred and seventy thousand euro (€170.000)).

Currency	Amount	In writing

¹ The amount must not exceed two hundred fifty thousand euro (€250.000).

² If the legal entity was established during the previous year, state the amount of the period from January 1st of this year to present date by providing the analogy to the twelve months.

³ If the legal entity established in the course of this year, state the net assets at the date of the complaint.

FOR INTERNAL USE

Date of receipt				Serial Number:...../.....	
	Day	Month	Year	CODE	

By hand		By Fascimile (fax)		By Electronic mail (e-mail)		By post	
----------------	--	---------------------------	--	------------------------------------	--	----------------	--

Date of Payment of Fee for Complaint				LCI at which deposit was made:	
	Day	Month	Year		

Payment Fee Receipt Number	
-----------------------------------	--

Contact Phone: +357 22848900