

## COMPLAINTS FORM

### 1.- Claimant's information:

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Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
Passport / Identity Card (please attach copy): \_\_\_\_\_ Nationality: \_\_\_\_\_  
Company name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Country: \_\_\_\_\_  
Telephone: \_\_\_\_\_ e-mail: \_\_\_\_\_

### Authorised person's information (please attach accreditation and power of attorney):

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Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
Passport / Identity Card (please attach copy): \_\_\_\_\_ Nationality: \_\_\_\_\_  
Company name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Country: \_\_\_\_\_  
Telephone: \_\_\_\_\_ e-mail: \_\_\_\_\_

### 2.- Financial Institution / Insurance Company about whom you wish to complain

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Company or business name of the Financial Entity: \_\_\_\_\_  
Agency where the facts reported in your claim took place: \_\_\_\_\_

### 3.- Details of the banking or financial product or service that you are complaining about

### 4.- Motivation of your claim (concrete and concise description about the facts originating this claim. **Please specify exactly what the claimant requests.** Attach all the supporting documentation that you consider relevant)



5.- Evaluation / valuation of the prejudice suffered and details (related loss) of the corresponding calculations:  
\_\_\_\_\_euros

6.- List of the documentation attached (it is necessary to join a copy of any documentation that is considered necessary and relevant to evaluate the claim)

7.- Date of submission of the complaint to the financial entity: \_\_\_\_\_

8.- Brief resume of the answer received (in case of a written answer, please attach a copy)

**The claimant expressly reveals that the actions raised in the claim have not been object of litigation or challenging at the Courts of Justice, and that no judicial actions against the entity have been initiated in relation to the facts described, and that no resolution is expected from an administrative, arbitral or judicial Institution in relation to this complaint.**

*Please be advised that the information contained in this complaints' form or any additional documentation provided with it will be preserved by the AFA in order to manage its processing, being the addressee the entity or entities supervised by the AFA involved in the operation, and that the transfer of information to the supervised entity or entities will be limited to the purpose that justifies it. In agreement with the Law 15/2003, of December 18, of protection of personal information, I/we accept that the above information will be included in the existing files and records of the AFA, where they will be treated as strictly confidential except when its disclosure would be required according to legal provisions in force.*

In \_\_\_\_\_, \_\_\_\_\_ (place and date)

Claimant's signature:

Authorised person's Signature: