

COMPLAINTS FORM

1.- Claimant's information:

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):

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

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.

The AFA will use these data to manage the complaint. Data are only shared with entities supervised by the AFA which are involved in the operation and these entities are required not to use data for purposes other than answering the complaint. Additional information about its treatment and about how to exercise the rights of access, rectification and deletion, among others, are available in the privacy policy. By submitting the form, users accept the terms and conditions of the legal notice.

In _____, _____ (place and date)

Claimant's signature:

Authorised person's Signature: