

# COMPLAINT FORM

## TO THE HELLENIC FINANCIAL OMBUDSMAN (H.F.O.)

### 1. COMPANY'S DETAILS *(Please write in BLOCK LETTERS)*

• The ANNUAL TURNOVER of your company during the last fiscal year was up to € 3.000.000 euros?

YES [ ] *(Please attach documentary evidence of last fiscal year's turnover)\**

NO [ ] *(We DO NOT have competence to examine your complaint).*

Company's Name\*

General Commercial Registry Number\* Tax Registration Number\*

Address (street, number, city, postcode, country) \*

Telephone Number \*

E-mail\*

### 2. PERSONAL DETAILS OF COMPANY'S LEGAL REPRESENTATIVE *(Please write in BLOCK LETTERS and attach photocopies of the representative's legalization documents)*

First Name\* Last Name\* Father's Name\*

Identity Card or valid Passport Number\* Tax Registration Number\*

Address (street, number, area, zipcode, country) \*

Telephone Number (landline, mobile) \*

E-mail\*

### 3. AUTHORIZED PERSON'S DETAILS *(Please write in BLOCK LETTERS and attach a written AUTHORIZATION, by completing the "Authorization Form", with your signature duly certified)*

First Name\* Last Name\* Father's Name\*

Identity Card or valid Passport Number\* Tax Registration Number\*

Address (street, number, area, zipcode, country) \*

Telephone Number (landline, mobile) \*

E-mail\*

### 4. BANK OR INVESTMENT COMPANY YOUR COMPLAINT IS ABOUT

Name\*: Branch

### 5. OTHER INFORMATION *(Please tick as appropriate )*

|   |  | YES | NO |
|---|--|-----|----|
| 1 | Have you taken up your complaint in <b>writing</b> with the bank or investment company?<br>If so, when? ..... /...../.....   |     |    |
| 2 | Did you receive a written answer? <i>If so, please attach.</i>   |     |    |
| 3 | Has the matter referred been or is it the subject of court proceedings?  |     |    |
| 4 | Have you contacted another Alternative Dispute Resolution (ADR) body in order to resolve your complaint? If so, to whom? .....<br><i>(NOTE: If you have already taken up your complaint with another ADR body, we DO NOT have competence to examine it).</i> |     |    |

### 6. HOW WERE YOU INFORMED ABOUT THE H.F.O.?

\* *Mandatory data / documents*

**7. COMPLAINT DESCRIPTION**

*(If you need more space to describe your complaint, please continue on your own page and attach it to this Complaint Form).*

**8. YOUR REQUEST TO THE H.F.O. / PROPOSAL FOR SETTLEMENT OF THE DISPUTE**

**9. ATTACHED DOCUMENTS – CHECK LIST** (Please tick as appropriate )

|    |  |  |
|----|--|--|
| 1* | Photocopies of documentary evidence of the company's last fiscal year's turnover.  |  |
| 2* | Photocopy of Identity Card or valid Passport of the company's legal representative.  |  |
| 3* | Photocopies of the legalization documents of the company's legal representative.   |  |
| 4* | If you have authorized a third person to represent you, a <b>written AUTHORIZATION</b> , by completing the " <a href="#">Authorization Form</a> ", with your signature duly certified. |  |
| 5  | Photocopies of the bank's or investment company's reply and related correspondence.  |  |
| 6  | Photocopies of relevant documents (e.g. contracts, account statements, transaction documents etc.).  |  |
| 7  | Photocopies of other documentary evidence of your claim.   |  |

\* *Mandatory documents*

**10. DECLARATIONS / AUTHORIZATION**

- I declare that the content of this Complaint Form and the documents submitted is true and that I consent to receive information about my case at any of the above stated (under 1 & 2) addresses (postal, e-mail) and telephone numbers.
- I agree that the H.F.O. should consider this dispute as stated on the website [www.hobis.gr](http://www.hobis.gr), of which I declare that I have taken cognizance.
- I authorize the H.F.O., in the context of the examination of the dispute, instead of myself and on my behalf, to request and receive from the financial services provider referred to above, the necessary personal data and information covered by banking secrecy, which concern me, such as, indicatively, copies of contracts, statements of accounts, transaction documents, for the granting of which I expressly give my consent. I also authorize the H.F.O. to provide the information and documents relevant to my case to the mentioned provider.

|   |
|---|
| <ul style="list-style-type: none"> <li>• I have studied the <a href="#">H.F.O. PERSONAL DATA PROTECTION POLICY</a> posted on the website <a href="http://www.hobis.gr">www.hobis.gr</a> and I declare that I accept it and<br/><b>I CONSENT [ ]</b>      or      <b>I DO NOT CONSENT [ ]</b>      (<i>please tick as appropriate <input checked="" type="checkbox"/></i>)<br/>to the processing of my personal data by the H.F.O.*</li> </ul> |
|---|




\*Mandatory completion

*(NOTE: We inform you that if you select the field "I DO NOT CONSENT", IT IS NOT POSSIBLE TO EXAMINE YOUR CASE and all relevant correspondence and data will be destroyed/pseudonymized from our physical and electronic file, except for those deemed necessary to demonstrate compliance with our procedures, upon your notification).*

PLACE: .....      DATE: ...../...../.....      SIGNATURE: .....

**INSTRUCTIONS – CLARIFICATIONS**

- ▶ Please fill in this Complaint Form, print and sign it.
- ▶ If you wish to have more than one person submit the same complaint, please have each person complete a separate Complaint Form.
- ▶ If the complaint involves two or more banks or investment companies, please complete separate Complaint Forms.
- ▶ Detailed information about the procedure and the H.F.O. Personal Data Protection Policy is provided on its website [www.hobis.gr](http://www.hobis.gr).
- ▶ If you have any questions, please call us at **+30 210 3376700**.
- ▶ You may submit the Complaint Form and the attached documents to the H.F.O. by:

|  |  |   |
|--|--|---|
|  <b>e-mail</b><br>as scanned documents<br>at:<br><a href="mailto:info@hobis.gr">info@hobis.gr</a> |  <b>post:</b><br>1, Massalias Street<br>106 80 Athens |  <b>visiting our offices,<br/>ON APPOINTMENT:</b><br>1, Massalias Street,<br>Athens |
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