

FIN-NET form for cross-border financial services complaints

financial dispute resolution network

When to use this form: Use this form if you:

- live in one country in Europe*
- have a complaint against a financial services provider in another country in Europe*
- o have complained to the provider but are still dissatisfied and
- want to find out which out-of-court dispute resolution scheme might be able to resolve the dispute

How to use this form: Please complete the information requested below, and e-mail or post the form to the relevant dispute resolution scheme in either:

- o your own country or
- the country of the financial services provider

There is a list of dispute resolution schemes in each country, and what they cover, at http://ec.europa.eu/internal_market/fin-net/members_en.htm. It will help if you attach a copy of essential documents, in particular, of any written response the provider made to your complaint.

What happens next: The dispute resolution scheme will tell you whether it, or some other scheme, might be able to resolve your complaint. The scheme that actually looks at your complaint may well ask you to complete a longer complaint form and will provide you with more information.

| Information about you | |
|---|---------------|
| The country you live in | |
| Your surname | |
| Your other names | |
| Your nationality | |
| Your full address | |
| | |
| | |
| | |
| Your daytime telephone number | |
| Your e-mail address | |
| Information about the financial serv | ices provider |
| Its full name | |
| Type of business (e.g. bank, insurer) | |
| The full address of the office you dealt with | |
| dealt with | |
| | |
| The telephone number, fax number | |
| and e-mail address of that office | |
| (optional) | |
| The country that office is in | |
| Information about your complaint | |
| Brief summary of what the complaint | |
| is about | |
| | |
| | |
| | |
| | |
| Date of the facts that generated the | |
| dispute | |
| Reference of the contract, e.g. | |
| number of insurance policy | |
| Date you complained to the provider | |
| Date of provider's last response | |

^{*} A Member State of the European Union, Iceland, Liechtenstein and Norway