

**SINGLE AGENCY FOR THE OUT-OF-COURT SETTLEMENT OF DISPUTES OF FINANCIAL NATURE**

**OFFICE OF THE FINANCIAL OMBUDSMAN**

15, Kypranoros str., 1061 Nicosia or P.O.Box: 26722, 1647 Nicosia  
Phone Number: +357 22848900, e-mail: [mediations@financialombudsman.gov.cy](mailto:mediations@financialombudsman.gov.cy)  
website: [www.financialombudsman.gov.cy](http://www.financialombudsman.gov.cy)

**APPLICATION FOR THE APPOINTMENT OF A MEDIATOR FOR THE PURPOSES OF RESTRUCTURING OF CREDIT FACILITIES FOR LEGAL PERSONS**

**A. GENERAL INFORMATION**

(i) By filling this form, legal persons, may submit an application to the Financial Ombudsman, for the appointment of a mediator for the purpose of restructuring their credit facilities, provided that all the conditions outlined in Part VIA of the Law for the Establishment and Operation of a Single Agency for the Out-of-court Settlement of Disputes of Financial Nature of 2010, as this is from time to time amended and/or replaced (hereinafter «the Law»), are met.

(ii) This application may be submitted to the Financial Ombudsman, in one of the following ways:

- (a) By hand, to the address 15 Kypranoros str., 1061 Nicosia
- (b) By post (via registered mail), to P.O. Box. 26722, 1647 Nicosia
- (c) By facsimile (fax) to 22660584 or to 22660118
- (d) By electronic mail (email) to the address [mediations@financialombudsman.gov.cy](mailto:mediations@financialombudsman.gov.cy)
- (e) By electronic submission through the website at [www.financialombudsman.gov.cy](http://www.financialombudsman.gov.cy)

(iii) The application 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) Hellenic Bank Public Company Ltd.  
IBAN: CY32 0050 0143 0001 4301 G437 0501  
Swift Code & BIC Code: HEBACY2N

(b) Hellenic Bank Public Company Ltd.  
IBAN: CY78 0050 0109 0001 0901 7087 6401  
Swift code & BIC Code: HEBACY2N

(c) Bank of Cyprus Public Company Ltd.  
IBAN: CY52 0020 0195 0000 3570 1944 4789  
Swift code & BIC Code: BCYPCY2N

**B. FALSE STATEMENTS AND CONCEALMENT OF INFORMATION**

Persuant to article 26 of the Law, a person who, during the process of providing information for the purposes of the Law or pursuant to the Directives issued under it, knowingly, makes false, misleading or fraudulent statement or conceals an essential element or in any way obstructs the complaint examination by the Financial Ombudsman, is guilty of an offense and in case of conviction, is subject to imprisonment not exceeding two (2) years or to a fine not exceeding ten thousand euro (€10.000) or to both such penalties.

**C. STATEMENT OF CONSENT for the Collection and Processing of Personal Data pursuant to the General Data Protection Regulation (EU) 2016/679 and the Law 125(I)/2018, as this is from time to time amended or replaced.**

I, the undersigned, give my consent and authorize the Single Agency for the Out-of-Court Settlement of Disputes of Financial Nature, to store and process personal data for the purposes of examining/handling of the application I am submitting, with this document. I hereby declare that I have been informed of the "Personal Data Protection Policy of the Office of the Financial Ombudsman", regarding the processing of my personal data, my rights and/or other important information, regarding the security and use of my data which is posted and available on the website [www.financialombudsman.gov.cy](http://www.financialombudsman.gov.cy).

.....  
Full Name and Surname of the Representative

.....  
Signature of the Representative and Seal of the Legal Person

Date: .....

***IMPORTANT NOTICE: English and Greek are the official languages supported by the Office of the Financial Ombudsman. Any information/documentation in any other language should be accompanied by a translation in the English or Greek language.***

**D. REQUIRED INFORMATION (INDICATE WHAT IS VALID USING THE SYMBOL «X»):**

SN		YES	NO
1.	The Limited Liability Company has an annual turnover that does not exceed the amount of €350.000, in the year preceding that in which the complaint is submitted.		
2.	The Charitable Institution or Union or Association of Persons has an annual income that does not exceed the amount of €250.000 in the year preceding that in which the complaint is submitted.		
3.	The Trust or Provident Fund has net assets that do not exceed the amount of €250.000, as at the end of the previous year.		
4.	The credit facility or financial leasing, concerns an amount that does not exceed €350.000, on the date of its granting.		
5.	The market value of the mortgaged primary residence or business premises does not exceed the amount of €350.000 or €750.000, respectively.		
6.	The credit facility for which this application is submitted was terminated by 19/12/2023		
6a.	If you answered «YES» to item 6 above, the Statement of Personal Financial Data was submitted to the authorized institution or to the credit purchaser.		
7.	A decision has been issued by a Court of the Republic, in relation to the credit facility.		
8.	Legal proceedings are underway in relation to the credit facility.		
8a.	The credit facility is terminated and permission was granted by the appropriate Court for the postponement of legal procedures.  If you answered «YES», insert the date the permission was granted by the Court: .....		
9.	A procedure for the sale of the mortgaged property has been activated by way of auction (following receipt of the Notice Letter Type “I” pursuant to the Transfer and Mortgage of Property Law).		
10.	A procedure has been activated for taking possession or selling of the property that is the subject of the finance leasing (following receipt of the Notice Letter Type “I” pursuant to the Transfer and Mortgage of Property Laws).		
11.	The application is submitted within 14 days from the date on which the legal person submitted all the relevant financial data to the authorized institution or the credit purchaser, as these are stipulated by the Directive on Arrears Management issued by the Central Bank of Cyprus.  If you answered «YES», insert the date of submission: .....		
12.	The application is submitted, within 30 working days from the date on which the authorized institution or the credit purchaser, submitted to the legal person, in writing, the last proposal for the restructuring of the credit facility or within 30 days from the date of the letter of the negative decision of the authorized institution or the credit purchaser.  If you answered «YES», insert the date: .....		
13.	In the case the legal person has not received a proposal for restructuring or a negative decision, from the authorized institution or the credit purchaser, the application is submitted within 30 working days from the date 6 months have elapsed since the submission of the Statement of Financial Data.		
14.	The legal person is under liquidation.		

**E. PERSONAL DETAILS OF THE APPLICANT**

Entity Name		Registration Number	
Address of Registered Office			
Name and Surname of its representative		Nationality	
Identity Card No.		Representative Capacity	

**TYPE OF LEGAL PERSON**

<i>(Note what is valid using the symbol X)</i>		Amount (in €):	
Legal Person		Annual turnover	
Charitable Institution		Annual income	
Union			
Association of Persons			
Provident Fund		Net assets on the 31st of December of the previous year	
Trust			

**Contact Details**

Street name		Number	
Apartment		Postal Code	
District			

Mobile number		Home Number	
Facsimile (Fax)		Email*	

\* You are hereby informed that future correspondence with the Office of the Financial Ombudsman shall be carried out solely by electronic means, using the email address you have provided in this form, therefore, it is important that the provided email address is valid.

**F. DETAILS OF THE FINANCIAL INSTITUTION**

<b><u>Type of Financial Institution</u></b>	<b><u>Indicate what is valid using the symbol «X»</u></b>	<b><u>Name of the Financial Institution</u></b>
<u>Authorized Credit Institution</u>		
<u>Credit Acquiring Companies</u>		
<u>Credit purchaser</u>		

**G. BRIEF DESCRIPTION OF THE CREDIT FACILITY**

Initial amount of the credit facility: € ..... Agreement Number: ..... Date of the Credit Facility Agreement: .....
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**H. REASONS FOR APPLYING FOR THE APPOINTMENT OF A MEDIATOR (note what is valid using “X”)**

To make the restructuring easier for me	
Because I find it hard to communicate with the ACI	
Because I am not satisfied with the proposal submitted by the ACI	
Because I would like to complete the restructuring in a brief period of time	
I believe that the mediation will contribute in bridging my differences with the ACI	
Because it will help me understand the discussions with the ACI	
A combination of the reasons outlined above	

**Other reasons: (Briefly outline any other reasons which may prompt you to request mediation)**

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**I. REQUIRED DOCUMENTS TO BE ATTACHED**

SN	Required Documents	Attached (indicate using the symbol «X»)	For Official Use
1.	Certificate of Incorporation of the Company		
2.	Authorization from the Board of Directors to the representative.		
3.	Copy of Identity Card or passport of the representative.		
4.	A special Power of Attorney document accompanied by the original authorization, if the complaint is being submitted by a representative.		
5.	A certificate by a member of ICPAC confirming that: a. The annual turnover of the Limited Liability Company does not exceed the amount of €350.000, in the year preceding that in which the application is submitted. b. The annual income of the Charitable Institution or Union or Association of Persons does not exceed the amount of €250.000 in the year preceding that in which the application is submitted. c. The net assets of the Trust or Provident Fund do not exceed the amount of €250.000 as at the end of the year preceding that in which the application is submitted.		
6.	The Agreement for the credit facility between the consumer and the authorised institution or the credit purchaser		
7.	Statement of additional credit facilities agreements, in the case these are more than one.		

8.	The proposal for restructuring from the authorized institution or the credit purchaser or the letter of the negative decision from the authorized institution or the credit purchaser.		
9.	The mortgage or collateral assignment over the property for which the credit facility was granted.		
10.	A certificate issued by the head of the community of the area in which the property is located which proves that the property is the primary residence or business premises.		
11.	Letter of termination of the credit facility, if this is valid.		
12.	Permission of the Court for the postponement of the legal procedure in the case of a terminated credit facility, if applicable.		
13.	Appraisal of the primary residence or the business premises, if this exists.		
14.	Receipt of payment of the fee of twenty euro (€20) for the submission of the application.		

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**Full Name and Surname of the Representative Signature of the Representative and Seal of the Legal Person**

**Date:** .....

<b>FOR OFFICIAL USE</b>			
<b>Date of Receipt</b>	<b>Day</b>	<b>Month</b>	<b>Year</b>
<b>By hand</b>	<b>By facsimile</b>	<b>By electronic mail</b>	<b>By mail</b>
<b>By electronic submission through the website</b>			
<b>Date the fee was deposited</b>	<b>Day</b>	<b>Month</b>	<b>Year</b>