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: complaints @financialombudsman.gov.cy website: www.financialombudsman.gov.cy

COMPLAINT SUMBISSION FORM AGAINST AN AUTHORISED INSTITUTION BY AN ELIGIBLE DEBTOR REGARDING THE REQUIRED AMOUNT OF THE MORTGAGED DEBT

A. GENERAL INFORMATION

(i) By filling this form, eligible debtors/natural persons may submit a complaint to the Financial Ombudsman, against an authorized institution to dispute the required amount of the mortgaged debt. The complaint is examined in accordance with the procedure as this is stipulated in articles 9(1B), 10A, 12,13 and 14 of the Law for the Establishment and Operation of a Single Agency for the Out-of-Court Settlement of Disputes of Financial Nature, as this is from time to time amended and/or replaced (hereinafter "the Law") provided that the following conditions are, cumulatively, met:

- (a) The complaint is submitted by an eligible debtor (in the case there are more than one, it is signed by all parties), as defined in part VIA of the Transfer and Mortgage Law, whose mortgaged property under sale is the primary residence, with appraised value (market value) not exceeding the amount of three hundred and fifty thousand euro (€350.000). It is provided that, the appraisal shall be the appraisal carried out in accordance with the provisions of article 44D of the same Law.
- (b) The mortgaged property under sale is considered a primary residence when the owner and/or members of their family, reside therein for a period of more than six (6) months per year.
- (c) In the case the eligible debtor has received from the authorized institution all the letters, as provided by paragraphs 5(2)(b), 5(2)(c), 5(2)(d) and 5(2)(e) of the Code (which is included in Appendix 2, of the Arrears Management Directive of the Central Bank of Cyprus), after 14/07/2023, to have submitted to the authorized institution, all the required as well as other information within the deadlines provided for in these letters.
- (d) The eligible debtor has received the Notice Letter Type "IA", persuant to subsection (2) of article 44C of the Transfer and Mortgage Law.
- (e) The complaint is submitted to the Financial Ombudsman, within twenty one (21) days, since the receipt of the Notice Letter Type "IA" to the eligible debtor.
- (f) No court desicion or decree for the execution of an arbitration decision were issued and there is no legal procedure or issuance procedure for the execution of an arbitration decision underway.
- (g) The eligible debtor has deposited the fee twenty euro (€20) for the examination of the complaint, in one of the following accounts:
 - (1) Hellenic Bank Public Company Ltd: IBAN: CY32 0050 0143 0001 4301 G437 0501 Swift Code & BIC Code: HEBACY2N
 - (2) Hellenic Bank Public Company Ltd: IBAN: CY78 0050 0109 0001 0901 7087 6401 Swift code & BIC Code: HEBACY2N
 - (3) Bank of Cyprus Public Company Ltd: IBAN: CY52 0020 0195 0000 3570 1944 4789 Swift code & BIC Code: BCYPCY2N
- (ii) This application may be submitted to the Financial Ombudsman:
 - (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 22-660584 or to 22-660118;
 - (d) By electronic mail (email) to the address complaints@financialombudsman.gov.cy;
 - (e) By electronic submission through our website at www.financialombudsman.gov.cy.

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 persuant 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 purposes of examining/handling of the complaint 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.

Full Name and Surname	Signature
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. DETAILS OF THE COMPLAINT

D1.	Personal	Details of	the Com	plainant
-----	-----------------	-------------------	---------	----------

Name	Surname	
Identity Card	Nationality	
Number		

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.

D2. Details of the Authorized Institution against which the complaint is directed

Insert the name of the Authorized Institution where the credit facility is maintained which uses the primary residence as collateral.

Name			
1			

D3. Account(s) Number(s) for the Credit facility(ies) which use(s) the primary residence as collateral.

Account(s) Number(s)	
Vou are hereby requested prior to co	ampleting the account number, to refer to the Authorized

You are hereby requested, prior to completing the account number, to refer to the Authorized Institution, in which the credit facility is maintained, to confirm the account number.

D4. Details of the primary residence

Street		Number
Apartment	Postal Code	Municipality/Community
District		Registration Number

D5. Specify your connection to the Primary Residence

Note what is valid using the symbol (X), with regard to your connection to the Primary Residence. You can select more than one options.

Owner/Co-owner of the Primary Residence	
The value of the Primary Residence is lower than €350.000	
Borrower of the Non-Performing Credit Facility which uses the Primary Residence as collateral	
I occupy the primary residence for a period of more than six (6) months per year	

D6. Description of the Complaint

e amount is specified in the Notice Letter Type «IA», which has been sent to you by the authorized institution	
The current complaint, pertains to a dispute for the required amount of mortgaged debt which amounts to €	

E. REQUIRED DOCUMENTS TO BE ATTACHED

SN	DOCUMENTS	ATTA	CHED
		YES	NO
1.	Receipt of payment for the amount of twenty euro (€20) for the complaint submission.		
2.	Copy of Identity Card or Alien Registration Number (ARC) or passport.		
3.	Special power of Attorney document accompanied by the original certification, in the case the complaint is submitted by a representative of the eligible debtor.		
4.	Copy of the notice letter type «IA» for the intended sale of the mortgaged property.		
5.	Copy of the notice letters type «O» and «I» (if these are available).		
6.	A certificate issued by the head of the community of the area in which the property is located, which proves that the property under sale is the primary residence.		
7.	A recent copy of a utility bill (up to six (6) months old).		
8.	Appraisal of the primary property, when this exists.		
		l .	

Full Name and Surname	Signature
Date:	

			FOR OFFI	CIAL USE	
Date of Receipt		Day	/	Month	Year
By hand	By fa	csimile	By electronic mail	By mail	By electronic submission through the website
Date the fee was deposited		Day		Month	Year