#### 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: <u>complaints@financialombudsman.gov.cy</u> website: <u>www.financialombudsman.gov.cy</u>

### **COMPLAINT SUBMISSION FORM FOR LEGAL PERSONS AND OTHER ENTITIES**

## **A. GENERAL INFORMATION**

(i) By filling this form, a legal person, charitable institution, union, association of persons, trust or provident fund, may submit a complaint to the Financial Ombudsman, against a financial institution, operating, at the time the complaint occurred, in accordance with a license issued by a competent supervisory authority or in accordance with the freedom of establishment or under the supervision of the Central Bank of Cyprus, pursuant to the harmonising legislation for the implementation of the Directive (EU)2021/2167 to domestic legislation. The complaint, among others, shall refer to a protest or objection or dispute for an amount which does not exceed the amount of two hundred and fifty thousand euro (€250.000).

- (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 fascimile (fax) to 22660584 or to 22660118
  - (d) By electronic mail (email) to the address compaints@financialombudsman.gov.cy
  - (e) By electronic submission through the website at www.financialombudsman.gov.cy
- (iii) The complaint 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

(iv) If the application is being submitted by more than one consumer, this application must be completed and signed by all parties, and copies of all parties' National Identity Card/Passport must be attached.

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

Persuant to article 26 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, 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 for the 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 <a href="https://www.financialombudsman.gov.cy">www.financialombudsman.gov.cy</a>

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 legal person is legally registered and not under liquidation.		
2.	For a legal person, legally registered and not under liquidation:		
	Its annual turnover, in the year preceding the year in which the complaint is submitted to the Ombudsman, does not exceed the amount of three hundred and fifty thousand euro (€350.000) (YES = it does not exceed this amount, NO = it exceeds this amount)		
2α.	For a charitable institution, union or association of persons:		
	Its annual income, in the year preceding the year in which the complaint is submitted to the Ombudsman, does not exceed the amount of two hundred and fifty thousand euro (€250.000) (YES = it does not exceed this amount, NO = it exceeds this amount)		
2b.	For a trust or provident fund:		
	Its net assets, on the 31 <sup>st</sup> December of the year preceding the year in which the complaint is submitted to the Ombudsman, does not exceed the amount of two hundred and fifty thousand euro (€250.000) (YES = it does not exceed this amount, NO = it exceeds this amount)		
3.	You have submitted your complaint in writing to the financial instituion against which the complaint is directed, within a period of six (6) months from the date you became aware or on which you reasonably ought to have become aware of the harmful, in your opinion, act or omission of the financial institution or the fact that you had reason for submitting a complaint.		
4.	You have received a response from the financial instituion, within the specified period of three (3) months, from the date the complaint was received.		
4a.	If you answered «NO» to item 4, three (3) months have elapsed, from the date the complaint was received.		
5.	The complaint is submitted to the Ombudsman within a period of twelve (12) months, from the date on which you submitted the complaint to the financial institution.		
6.	The complaint is submitted to the Financial Ombudsman within eighteen (18) months, from the date on which you became aware, or in the Ombudsman's judgment, should have become aware of the harmful act or omission of the financial institution or the fact that you had reason for submitting a complaint.		
7.	A court decision has been issued by a Court of the Republic in relation to the same complaint.		
8.	Legal proceedings are underway in relation to the same complaint		
8a.	If you answered «Yes» to item 8, permission was granted by the appropriate Court for the postponement of the legal procedure.		
9.	The complaint submitted relates to services that the legal person itself does not provide to its clients.		
10.	The complaint has been examined by another alternative dispute resolution entity.		

## **E. DETAILS OF THE COMPLAINANT**

Entity Name:			
Registration Number:	Country of registration:		
TYPE OF LEGAL PERSON			
(Note what is valid using the symbol X)	Amount (in € ):		
Legal Person	Annual turnover		
Charitable Instituion			
Union	Annual income		
Association of Persons			
Provident Fund	Net assets on the 31st of		
Trust	December of the previous year		
REGISTERED OFFICE ADDRESS			
Apartment: Building Name:  Municipality/Community:			
Telephone Number 1:	Telephone Number 2:		
Fascimile Number:	Email*:		
DETAILS OF THE LEGAL REPRESENTATIVE			
Name:	Surname:		
Identity Card Number:	Nationality:		
CONTACT DETAILS			
Apartment: Building Name:  Municipality/Community:	Number:		
Telephone Number 1:	Telephone Number 2:		
Fascimile Number:	Email*:		

<sup>\*</sup> 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 AGAINST WHICH THE COMPLAINT IS SUBMITTED

Ty	pe of Credit Institution	Indicate what is valid using the symbol «X».	Name of the Financial Institution
Au	thorised Credit Institution		
<u>Cr</u>	edit Acquiring Companies		
Ele	ectronic Money Institution		
<u>Pa</u>	syment institution		
<u>Ins</u>	surance Company		
<u>Inv</u>	vestment Firm		
	ndertakings for Collective Investment in ansferable Securities		
<u>Ot</u>	<u>her</u>		
. Whe	en and how, did you become aware of tion or the fact that you had reason for		
	te Month Fear		
. Sub	mission of the complaint to the Financial When did you submit your complaint in the Date:		tution?
(ii)	Have you been informed whether your ovalid)	complaint was received by	the financial institution? (Circle what is
	YES - If you selected YES, insert the da	ite:	
	NO		

	YES – If you selected YES, insert the date:
	NO
(iv)	Why were you not satisfied with the response of the financial institution?
. Issu	es relating to the complaint (Court Decision or Procedure):
a) Has	s a Court decision been issued with regard to the complaint submitted? (Circle what is valid)  No Yes
<b>b)</b> Is a	any Court decision pending with regard to the complaint submitted? (Circle what is valid)

If you selected «Yes» to item **(b)**, insert: the Court Case Number: ....., and where applicable, if the Court has granted permission for an out-of-court settlement, insert the date: ..... and the duration of the

Yes

No

(iii) Have you received a response from the financial institution? (Circle what is valid)

## H. REQUIRED DOCUMENTS TO BE ATTACHED

postponement period of the legal procedure.....

SN	Required Documents	Attached (indicate using the symbol «X»)	For Official Use
1.	Certificate of Incorporation of the Company		
2.	Receipt of payment of the fee of twenty euro (€20) for the submission of the complaint.		
3.	Authorization from or decision of the Board of Directors of the legal person where the specific person is granted the authority to represent the legal entity.		
4.	Copy of Identity Card or passport of the legal representative.		
5.	A special Power of Attorney document accompanied by the original authorization, if the complaint is being submitted by a representative.		
6.	A verification document or Certificate by a member of ICPAC in relation to the turnover or annual income or the net assets or Audited financial statements of the previous year.		
7.	A copy of the original complaint submitted to the financial institution as per the management of complaints policy of the institution, on which the date of submission is clearly stated, the details of dispatch and proof of dispatch (i.e.: email, seal of receipt on the letter in the case it was delivered by hand, and so on).		
8.	Acknowledgement of receipt of complaint by the financial institution, including the Unique Reference Number ('URN') (where applicable). The email addresses and dates should be clearly visible, or if a letter was delivered, the seal of receipt by the financial institution must be clearly visible, and so on.		
9.	A copy of the response letter received by the financial institution, if a letter was received, or the email showing clearly the email addresses and the dates.		
10.	A copy of the agreement that relates to the complaint (if this is in your possession).		

11. Any other documents that pertain <b>SOLELY</b>	to this complaint.			
Full Name and Surname of the Representative	Signature of the Re	epresentative and	Seal of the Legal P	erson
Date:				

				<b>FOR OFFIC</b>	IAL USE	
Date of Receipt		Day	/	Month		Year
By hand	By fa	csimile	-	ectronic nail	By mail	By electronic submission through the website
Date the fee was deposited		Day			Month	Year