



OFFICE OF THE FINANCIAL
COMMISSIONER (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 SUBMISSION FORM FOR NATURAL PERSONS

A. GENERAL INFORMATION

(i) By filling this form, natural persons 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) The complaint 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 complaints@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 the Financial Ombudsman of the Republic of Cyprus 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 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 Financial Ombudsman of the Republic of Cyprus, 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 Commissioner (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.

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

SN		YES	NO
1.	You have been declared bankrupt.		
2.	You have submitted the complaint in writing, to the financial institution against which your complaint is directed, within a period of six (6) months from the date on which 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 of the fact that you had reason for submitting a complaint.		
3.	You have received a response from the financial institution, within the specified period of three (3) months, from the date your complaint was received.		
3a.	If you answered «NO» to item 3, three (3) months have elapsed, from the date the complaint was received.		
4.	The complaint is submitted to the Ombudsman, within a period of twelve (12) months, from the date on which you have submitted the complaint to the financial institution.		
5.	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.		
6.	A decision has been issued by a Court of the Republic in relation to the same complaint.		
7.	Legal proceedings are underway in relation to the same complaint.		
7a.	If you answered «YES» to item 7, permission was granted by the appropriate Court for the postponement of the legal procedure.		
8.	The complaint has been examined by another alternative dispute resolution entity.		

E. PERSONAL DETAILS OF THE APPLICANT

Name		Surname	
Identity Card Number		Nationality	
Contact Details			
Street name		Number	
Apartment		Post Code	
District			
Mobile Number		Home Number	
Facsimile (Fax)		Email*	

* You are hereby informed that future correspondence with the Office of the Financial Commissioner (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.

In case the complaint is submitted by an authorized representative, also fill in the details of the representative:

Representative Competence			
Name		Surname	
Identity Card Number		Nationality	

F. DETAILS OF THE FINANCIAL INSTITUTION AGAINST WHICH THE COMPLAINT IS SUBMITTED

<u>Type of Financial Institution</u>	<u>Indicate what is valid using the symbol «X»</u>	<u>Name of the Financial Institution</u>
Authorised Credit Institution		
Credit Acquiring Companies		
Electronic Money Institution		
Payment institution		
Insurance Company		
Investment Firm		
Undertaking for Collective Investment in Transferable Securities		
Other		

G. OBJECT OF THE COMPLAINT

1. Monetary amount that relates to your complaint (up to the amount of two hundred and fifty thousand euro (€250.000)).

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2. When and how, did you 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 to the Financial Ombudsman?

Date	Month	Year

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3. Submission of the complaint to the Financial Institution

(i)	When did you submit your complaint in writing, to the financial institution? Date:
(ii)	Have you been informed whether your complaint was received by the financial institution? (Circle what is valid) YES - If you have selected YES, insert the date: NO

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