



Complaint Form
CUSTOMER SERVICE DEPARTMENT
RIA PAYMENT INSTITUTION, E.P., S.A.

INFORMATION ABOUT YOUR TRANSACTION

Date: _____ Amount: _____
Order no.: _____ Currency: _____
Location of the transaction: _____
Name of the clerk who attended your transaction: _____

INFORMATION ABOUT YOU

FULL NAME:	
ADDRESS IN ESTONIA:	
CITY/PROVINCE:	POSTAL CODE:
TELEPHONE:	
NATIONALITY:	
IDENTIFICATION DOCUMENT NUMBER :	

REASONS FOR YOUR COMPLAINT:

DOCUMENTS TO ENCLOSE (compulsory)

IDENTIFICATION DOCUMENT (to include a picture of you);
Any other document (s). Please specify:

Signed/ Digitally signed: _____

Full name: _____

Date: _____