



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 CZECH REPUBLIC: CITY/PROVINCE: TELEPHONE:	POSTAL CODE:
NATIONALITY: IDENTIFICATION DOCUMENT NUMBER (CONTAINING PICTURE):	

REASONS FOR YOUR COMPLAINT:

DOCUMENTS TO ENCLOSE (compulsory)

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

Signature: _____
Full name: _____
Date: _____