Complaint Form

CUSTOMER SERVICE DEPARTMENT

RIA PAYMENT INSTITUTUION, 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: | POSTAL CODE: |  |
| TELEPHONE: |  |  |
|  |  |  |
| NATIONALITY: |  |  |
| IDENTIFICATION DOCUMENT NUMBER (CONTAINING PICTURE): |

REASONS FOR YOUR COMPLAINT:

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|  |

DOCUMENTS TO ENCLOSE (compulsory)

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_