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:

|  |
| --- |
|  |

DOCUMENTS TO ENCLOSE (compulsory)

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

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

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

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