



## Compliant Form

### Client Information

Name, Surname / Corporate name:

Personal number / Identification code:

Actual address:

Telephone number:

Email:

Transaction / Payment receipt number:

### Complainant submitter person

(Fill in if the client and the complainant are different persons)

Name, Surname:

Personal number / Identification code:

Telephone number:

Email:

Details of the documents for establishing authority:

**Please, enter a claim in the field below**

By submitting this application, I confirm that:

- The data in the application is true and accurate



- I have the appropriate authority to submit an application, and/or I have obtained all the necessary Consent / Permission
- The application submitted electronically is identical to the application submitted in material form Legal force