Complaint Form Consumers

Consumers can use this form to send a complaint to the Dutch Institute for Financial Disputes (Kifid) relating to a financial services provider. The complaint should relate to a financial product or service provided by a financial services provider that works with Kifid. Consumers, small businesses and self-employed persons without employees ('zzp-ers') wishing to submit a complaint about a credit registration with the Dutch Credit Registration Office (BKR) can also use this form.

**If you have a question relating to the complaint form,**

Go to [kifid.nl](http://www.kifid.nl/)

Call us on +31 70 333 8999

Or send a mail to consumenten@kifid.nl

Tip: Please keep the documents relating to your complaint to hand.



# My details

Preferred form of address  Mrs  Miss  Mr  None Initials and family name

Street and house number Postcode and place

Country (if not in the Netherlands)

Daytime telephone number

Email



# My partner

To submit a joint complaint

Preferred form of address  Mrs  Miss Mr  None Initials and family name

My partner consents to me acting on their behalf relating to this complaint.

**1**



# Representative

If someone is acting on your behalf

Preferred form of address  Mrs  Miss Mr  None Initials and family name

Name of the representative’s company,

if applicable

Street and house number Postcode and place

Country (if not in the Netherlands)

Daytime telephone number

Email

What is your relationship to the representative?  Professional  Other, namely

 The responsibility for them taking timely action or for any delays caused by the representative lies with you:

* generally this person will handle all correspondence:
* your representative should also sign the complaint form.



# I am making my complaint against

If the internal complaint procedure of the financial services provider has not been completed, Kifid cannot handle your complaint at this time. Kifid can forward your complaint form and any enclosures to the financial services provider you wish to complain about. We will ask the financial services provider to respond to you. If you and the financial services provider do not manage to resolve the dispute, you can resubmit your complaint to Kifid.

Statement **of Disagreement**  I do not agree to Kifid forwarding my complaint

to the financial services provider if the internal complaint procedure has not been completed.

Name financial services provider

P.O Box / Street and house number

Postcode and place

Telephone

Have you submitted your complaint to the complaints department and/or management

of your financial services provider? yes on – – 2 0 no

Have you received a definitive standpoint on the matter from the financial services provider which

completes the internal complaint procedure of your financial services provider?  yes on – – 2 0  no\*

\* Is it longer than 8 weeks since you sent your complaint to the management or complaints department of the financial services provider? If so, you can continue to pursue your complaint with Kifid.

Is this the first time that you have submitted this complaint to Kifid or to a

different (judicial) body  yes  no

Does your complaint relate to the conduct of two or more financial services providers? If so, please submit a separate complaint form with relevant documentation for each one.

Did you buy the financial services product for your personal use or were you acting in a business or professional capacity?

You can skip this question if your complaint relates to

  a BKR credit registration  personal use  business or professional\*  both

\*If you are a small business wanting to submit a complaint about financial services or financial advisory services, please use the Complaint Form Alternative Financing and Recognised Financial Advisory Services to SMEs. You can find this form at [www.kifid.nl](http://www.kifid.nl/) after logging in as an entrepreneur, or by clicking here.



# Information about the financial product

What type of product is your complaint about?

Banking product

 Payment account, savings account or payment service consumer credit product

 Mortgage or home loan investment product

 BKR credit registration, other namely

Insurance product

 Non-life insurance product

 Legal expenses insurance product

  Life insurance product

 Disability insurance or accident insurance

 Pension insurance

 Other namely



# Description of the complaint

In order for us to assess whether or not Kifid can handle your complaint, it is important that you set out the complaint as clearly as you can. Please describe why you disagree with the financial services provider’s definitive standpoint on your complaint and what—in your view—the financial services provider has done wrong. Please give the reasons why you take this view. If you need more space, type the text in a separate document and send it as an attachment.



# Financial loss

Have you suffered financial loss?  yes  no

If so, what is the amount? €

Please provide supporting evidence.

Are you also claiming legal interest?  yes  no If so, what is the amount? €

If so, from which date? – – 2 0



# Possible solutions to the complaint

What can the financial services provider do to resolve your complaint?



# Privacy

I am aware of the Kifid privacy statement (which can be found on [www.kifid.nl).](http://www.kifid.nl).) I understand that the information I provide to Kifid may be shared with:

* + – the financial services provider against whom I am making the complaint;
	+ – external advisors to Kifid.

Kifid will not retain your complaint file for any longer than necessary once the complaint procedure has been completed, subject to the statutory retention periods.

Customer satisfaction survey:  I am willing to take part in the customer satisfaction survey

that Kifid commissions from a third party.



# Declaration

Judgements issued by Kifid generally take the form of a ruling which can be either binding or not binding. ‘Binding’ means that you and the financial services provider are obliged to respect the decision. ‘Not binding’ means that you and the financial services provider are not obliged to respect the decision. For more information about binding and not binding rulings see kifid.nl or click here.

I accept that Kifid's judgement

on my complaint is:  Binding Not binding

By signing this form I request that Kifid handles my complaint. I have answered all the questions in the complaint form correctly and to the best of my knowledge. I understand and agree that this procedure is subject to the ‘Reglement Geschillencommissie Kifid ­ vanaf 1 april 2024’ as published on [www.kifid.nl](http://www.kifid.nl/)

Date – – 2 0 Date – – 2 0

Signature Signature of representative



# Attachments: supporting documents to be sent with the complaint form

In order to handle your complaint, Kifid needs a copy of the following documents:

PLEASE NOTE!

Do **not** send us any original documents. Kifid cannot return any of the documents you send. Do **not** send us your BSN (citizen service) number or a copy of your proof of identity.

Kifid is prohibited from processing this personal data under the terms of the Algemene Verordening Gegevensbescherming (AVG: General Data Protection Regulation).

 Non-life insurance product

* all correspondence about your complaint

 policy document

and conditions

* the claims form
*  claims assessment report

other relevant documents

Banking product

* all correspondence about your complaint  quote

 contract

 terms and conditions

other relevant documents

Investment product

all correspondence about your complaint  contract

 conditions

 investment profile

other relevant documents

Mortgage product

all correspondence about your complaint

* quote
* contract
* mortgage deed

other relevant documents

BKR credit registration

all correspondence about your complaint

* contract which lead to the BKR credit registration
*  loan application rejected due to

BKR credit registration.

 relevant information about your present financial situation that demonstrates that you can take on new financial responsibilities

(for instance, salary details)

 current credit summary from BKR (maximum 1 month old)

other relevant documents

Life insurance product

* all correspondence about your complaint
*  quote

 policy document

 conditions

other relevant documents



# Send complaint

Only send the complaint form and supporting documents as follows:

1. Single copy
2. A4 format
3. Copied on one side only
4. Without staples, paper clips, sellotape, glue, perforations and not bound or in book form
5. Place medical documents into a separate sealed envelope marked for the attention of the medical advisor at Kifid.

Please send the completed complaint form and the supporting documentation to:

Kifid

Consumentenloket Postbus 93257 2509 AG Den Haag