

Complaint form Consumers

Consumers can use this form to send a complaint about a financial services provider to the Dutch Institute for Financial Disputes (Kifid). The complaint concerns a financial product or service from a financial service 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.

1.1 ly details		
Mrs. Mr.		
First name(s) and family name		
Date of birth		
Street and house number		
Postcode and place		
Country (if not in the Netherlands)		
Daytime telephone		
E-mail		
2. My partner	if y	ou are submitting a joint complaint
Mrs. Mr.		
First name(s) and family name		
Date of birth		
3. Representative		if someone is acting on your behalf
Mrs. Mr.		
Initial(s) and family name		
(Name of firm)		
Street and house number		
Postcode and place		
Country (if not in the Netherlands)		
Telephone number		
E-mail		

If a representative is acting on your behalf:

Nature of the relationship

I My details

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

other, namely

professional

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

COMPLAINT FORM | DUTCH INSTITUTE FOR FINANCIAL DISPUTES (KIFID)

4. I am making my complaint against

If the internal complaint procedure(s) of the financial service provider(s) has not been completed, Kifid cannot yet handle your complaint. Kifid can forward your complaint form and any supporting documents to the financial services provider(s) you wish to complain about. We will ask the financial services provider(s) to respond to you. If you and the financial services provider do not manage to solve the dispute, you can resubmit your complaint to Kifid.

I do not give my permission for Kifid to procedure has not yet been completed.	forward the complaint to the financial services provider(s) if the i	nternal complaint
Name financial services provider		
Street and house number		
Postcode and place		
Telephone		
Did you already submit this complaint to the	financial services provider?	
yes, on -	- 20	
no	- 20	
Have you received a reply to your complaint?		
yes, on -	- 20	
no		
Did you already submit this complaint to a co	ourt or any other dispute resolution body?	
yes		
no		
If your complaint is about two financial service	e providers:	
Name of the second financial services provide	er	
Street and house number		
Postcode and place		
Telephone		
Did you already submit this complaint to the	financial services provider?	
yes, on -	- 20	
no		
Have you received a reply to your complaint?		
yes, on	- 20	
no		
Did you already submit this somelaint to a se	week on other discuss recolution had d	
Did you already submit this complaint to a co	ourt or other dispute resolution body!	
<u></u> yes		
no		
Did you acquire this financial product for per-	sonal use or did you acquire it for professional or business purpos	ses?
Did you acquire this financial product for personal use or did you acquire it for professional or business purposes? You do not need to answer this question if your complaint concerns a credit registration with the Dutch Credit Registration Office (BKR)		
for personal use		
professional or business purposes		
processian or business purposes		

5. Information about the financial product				
My complaint is about a: payment account, savings account of consumer credit product (banking payment agge or home loan credit registration with BKR non-life insurance product life insurance product investment other namely	r payment service (banking product) product)			
Product name Number				
(policy number, claim reference, account number, loan reference)				
6. Description of	the complaint			
Please describe as briefly as possible why you disagree with the financial services provider's definitive standpoint on your complaint. If you need more space, please type the text in a separate document and send as an attachment.				
7. 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, from which date?	- 20	And over what amount?		

8. Possible solutions

What is your proposal to resolve this complaint?				
9. Privacy				
I am aware of the Kifid Privacy statement (which can be found	on www. <u>www.kifid.nl</u>).			
I understand that the information I provide to Kifid may be sha				
• the financial services provider(s) against whom I am making the	ne complaint;			
 external advisors to Kifid; the regulators: The Dutch Authority for the Financial Markets (AFM), the European Central Bank (ECB) and the Dutch central Bank (DNB). 				
I do not want Kifid to forward my complaint to (one of) the	ne regulators.			
Kifid will not retain your complaint file for any longer than necessubject to the statutory retention periods.	essary once the complaint procedure has been completed,			
I am willing to take part in a customer satisfaction survey that Kifid commissions from a third-party.				
10. Declaration				
By signing this form I request that Kifid handle my complaint. I knowledge.	nave answered all the questions correctly and to the best of my			
I accept that Kifid's judgement on my complaint is binding not binding				
Click <u>here</u> for more information.				
	spute Resolution Regulations 'Reglement voor de behandeling var ng Kifid vanaf 1 april 2024' available at www.kifid.nl in Dutch only.			
Date - 20	Date - 20			
Signature(s)	Signature of representative			

11. Supporting documents

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

Do not send us any original documents.

Kifid cannot return any of the documents you send.

Non-life insurance product	Kredietregistratie BKR
all correspondence about your complaint	all correspondence about your complaint
policy schedule	contract which lead to the BKR Credit registration
policy conditions	loan application rejected due to BKR Credit registration
claim form	relevant information about your present financial
survey report	situation that demonstrates that you can take on
other relevant documents (for instance, salary details)	new financial responsibilities
_	current credit summary from BKR (maximum 1 month old
Banking product	other relevant documents
all correspondence about your complaint	
quote	Life insurance
contract	all correspondence about your complaint
conditions	quote
other relevant documents	policy schedule
	policy conditions
Investment	other relevant documents
all correpondence about your complaint	
contract	
conditions	
investment profile	Only send the complaint form and supporting
other relevant documents	documents as follows:
	I. single copy
Mortgage	2. A4 format
all correspondence about your complaint	3. copied on one-side only
quote	4. without staplers, paper clips, sellotape, glue, perforations
contract	and not bound into a book form
mortgage conditions	5. place medical documents into a separate sealed envelope
mortgage deed	marked for the attention of the medical advisor at Kifid
other relevant documents	

12. Send complaint

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

Kifid

Consumer desk Postbus 93257 2509 AG Den Haag The Netherlands