

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 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.

1. My details

Preferred form of address	Mrs	Miss	Mr	None	
Initials and family name					1
Street and house number					
Postcode and place					
Country (if not in the Netherlands)					
Daytime telephone number					
E-mail					

2. My partner

To submit a joint complaint as a consumer

Preferred form of address	Mrs	Miss	Mr	None
Initials and family name				
	My par comple		s to me act	ting on their behalf relating to this

3. 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	
E-mail	
What is your relationship to the representative?	Professional Other, namely
If a representative is acting on your behalf:	 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.

4. 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		o Kifid forwarding my compl nternal complaint procedure	aint to the financial services has not been completed.
Name financial services provider			
P.O Box / Street and house number			
Postcode and place			
Telephone number			
Have you submitted your complaint to the complaints department and/or management of your financial services provider?	Yes, on	– 20 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 20 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.
	Yes No duct of two or more financial services providers? int 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 after logging in as an entrepreneur, or by clicking here.

5. 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



6. 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.

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, what is the amount?	€		
If so, from which date?		- 20	



8. Possible solutions to the complaint

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

9. Privacy

I am aware of the Kifid privacy statement (which can be found on <u>www.kifid.nl</u>). 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.

10. 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 <u>kifid.nl</u> of click <u>here</u>.

l 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



Date 20	Date	- 20	
Signature	Signature of repres	Signature of representative	

11. 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

General Data Protection Regulation (GDPR / AVG).

- Non-life insurance product
 - all correspondence about your complaint
 - policy document
 - terms 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
- terms and conditions
- investment profile
- other relevant documents

Mortgage product

- all correspondence about your complaint
- quote
- contract
- terms and conditions
- 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
- terms and conditions
- other relevant documents



12. Send complaint

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

Kifid

Consumentenloket

Postbus 93257

2509 AG Den Haag

The Netherlands

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.

