

Complaint form Small Businesses

Small businesses can use this form to send a complaint to the Dutch Institute for Financial Disputes (Kifid) relating to a small business finance product or service. The complaint should relate to a small business finance product or service as defined in the 'Gedragscode Kleinzakelijke Financiering' and should relate to a financial services provider that works with Kifid.

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 ondernemers@kifid.nl

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

1. My details

Preferred form of address	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Mr	<input type="checkbox"/> None
Company name	<input type="text"/>			
Initials and family name	<input type="text"/>	<input type="text"/>		
P.O Box / Street and house number	<input type="text"/>	<input type="text"/>		
Postcode and place	<input type="text"/>	<input type="text"/>		
Country (if not in the Netherlands)	<input type="text"/>			
Daytime telephone number	<input type="text"/>			
E-mail	<input type="text"/>			
Turnover	<input type="text"/>			
The total principal sum of financing with the financial services provider	€	<input type="text"/>		

2. Representative

If someone is acting on behalf of your company

Preferred form of address	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Mr	<input type="checkbox"/> None
Initials and title	<input type="text"/>	<input type="text"/>		
Family name	<input type="text"/>			
Name of the representative's company if applicable	<input type="text"/>			
P.O Box / Street and house number	<input type="text"/>	<input type="text"/>		
Postcode and place	<input type="text"/>	<input type="text"/>		
Country (if not in the Netherlands)	<input type="text"/>			

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.

3. 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 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.

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.

4. 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.

5. 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____

6. Possible solutions to the complaint

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

7. Privacy

I am aware of the Kifid privacy statement (which can be found on 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.

8. Declaration

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 voor de behandeling van klachten door de Geschillencommissie Financiële Dienstverlening Kifid vanaf 1 april 2024' as published on www.kifid.nl

I am aware that any decision made by the Disputes Committee about my complaint will be binding, unless an exception applies as stated in question 16 of the 'Reglement Geschillencommissie Kifid'. In which case, the ruling will not be binding.

My complaint meets the following regulatory requirements:

- I am a natural or legal person
- I am acting in a professional capacity or on my company's behalf
- My company's annual turnover or balance sheet total does not exceed €5,000,000 (five million euros).

By signing this form I request that Kifid handles my complaint and accept that I must pay Kifid the statutory contribution of EUR 250 to handle my complaint.

Date ____ - ____ - 20__

Date ____ - ____ - 20__

Signature of entrepreneur

Signature of representative

9. Attachments: supporting documents to be sent with the complaint form

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

- all correspondence about your complaint
- contract relating to the finance/financial advice
- the terms of the finance/financial advice
- most recent annual accounts
- proof of registration with the Chamber of Commerce
- other relevant 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).

10. Send complaint

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

Kifid
Ondernemersloket
Postbus 93257
2509 AG Den Haag
The Netherlands

If you have submitted a complaint on behalf of your company, after receiving your complaint form Kifid will send you an invoice for the statutory charge of EUR 250.

PLEASE NOTE!

Only send the complaint form and supporting documents as follows:

1. single copy
2. A4 format
3. without staples, paper clips, sellotape, glue, perforations and not bound or in book form.