

CUSTOMER COMPLAINT FORM

SURNAME: _____

FIRST NAME: _____

ORDER NUMBER: _____

ADDRESS _____

CITY _____ POST CODE _____

DAY TIME TELEPHONE NUMBER: _____

DETAILS OF YOUR COMPLAINT: _____

HOW YOU WANT YOUR COMPLAINT TO BE RESOLVED:

SIGNATURE _____

DATE _____

NB: You can contact us for any complaint or alternatively, if not satisfied with our services, after 7 weeks (or sooner if you have received our final response) you may exercise your right to refer your complaint to the Financial Ombudsman Service (FOS). The FOS is free and offers independent advice and support. Email for FOS is complaint.info@financial-ombudsman.org.uk or www.financial-ombudsman.org.uk.

You have six months from the date of our final response to contact FOS.