

Freephone: 8007 2366 Tel: 2124 9245 www.financialarbiter.org.mt

COMPLAINT FORM

Before you submit this form to the Office of the Arbiter for Financial Services ("the Office"), you must have complained in writing to the financial services provider.

This is an important document. Please ensure the Form is filled in completely and correctly before forwarding to this Office. Complete this form on screen, then print it off and post it to us together with any supporting documents. Further details at the back of this form. If you have any difficulties completing in this form, please call us on 8007 2366 (or +356 2124 9245).

| SECTION A1 | YOUR DETAILS |
|------------|--------------|
| | |

| COMPLAINANT 1 | |
|--|-------|
| Surname | Title |
| First name(s) | |
| ID /Passport No. | |
| Address for correspondence (include postcode) | |
| Mobile (and landline) | |
| E-mail | |

If this complaint concerns a policy or account which is in joint names, this form needs to be signed by both account holders or policyholders, with details of the second complainant noted below.

COMPLAINANT 2

| Surname | | Title | | | |
|--|----------------------|-------|--|--|--|
| First name(s) | | | | | |
| ID /Passport No. | | | | | |
| Address for correspondence (include postcode) | | | | | |
| Mobile (and landline) | | | | | |
| E-mail | | | | | |
| Relationship to Complainant 1 | Spouse Sibling Other | | | | |
| | | | | | |

If you have provided two different addresses above, please select which one you would like us to use to contact you:

Complainant 1 Complainant 2

SECTION A2

IF YOU ARE COMPLAINING ON BEHALF OF A BUSINESS

| Business name | | | |
|---------------------------------|----------------------------|-------------|---------------------------|
| Registration Nun | nber (if applicable) | | |
| Registered or principal address | | | |
| Type of business | Sole Trader | Partnership | Limited Liability Company |
| | Other (please specify | /) | |
| Please state your d | esignation within the busi | ness | |

If you ticked any of the above mentioned boxes please provide the Office with (a) most recent official document clearly indicating the number of employees; and (b) audited accounts which confirm the annual turnover and/or annual balance sheet total for the financial year prior to which the complaint is made to the Office. The Office may request further information and/or clarification as required. If the business employs more than 10 persons and the annual turnover and/or annual balance sheet total exceed ≤ 2 million, the Office will not be able to accept your complaint.

SECTION B IF YOU HAVE ASKED SOMEONE TO ASSIST YOU WITH YOUR COMPLAINT

This section should only be completed if you have asked someone of your trust to assist you with your complaint. We would still send all future correspondence at the address as indicated earlier in Section A1/A2.

| Title, Name and Surname | |
|-------------------------|---|
| Professiona | l adviser Relative Other (please specity) |
| Mobile | |
| Landline | |
| E-mail | |

SECTION C FINANCIAL SERVICES PROVIDER, PRODUCTS AND SERVICES

Name(s) of the Financial Services Provider you are complaining against in full

Name and type of the product and/or service you are complaining about (such as home loan, bank account, insurance policy, investment, pension plan etc)

Account or policy number or claim number, or other reference

When did you first have knowledge of the matters you are complaining about? If you don't know the exact date, please make an estimate.

| D | Μ | Μ | Y | Υ | Y | Y |
|---|---|---|---|---|---|---|
| | | | | | | |

| Have you complained to your provider? Attach a copy of your letter. | YES | NO |
|--|---------------------|--------------|
| We will not process your complaint if you have not provided the financial opportunity to look into your complaint. | service provider | reasonable |
| | | |
| Have you received a final response from the financial service provider? Attach a copy of the response you received. | YES | NO |
| You should allow 15 working days for a reply from the date when you send the | complaint letter. | |
| | | |
| In regard to the conduct being complained of, is it currently or has it been | YES | NO |
| the subject of a law suit before a court or tribunal initiated by the same complainant (or complainants) on the same subject matter? | | |
| We will not be able to process your complaint if the conduct being complained of law suit initiated by the same complainant(s) on the same subject matter. | of is, or has been, | subject of a |

Describe the complaint in your own words.

If you need more space, use a separate sheet which should be clearly labelled and signed. You may also use bullet points.

Describe clearly the reason or reasons why your financial services provider has let you down.

If you need more space, use a separate sheet which should be clearly labelled and signed.

Describe clearly the remedy you are seeking.

If you are seeking compensation, please provide the amount and the relative detailed calculation. If you need more space, use a separate sheet which should be clearly labelled and signed.

SECTION E DATA PROTECTION STATEMENT

This section provides information as to how and in what manner the Office of the Arbiter for Financial Services ("we", "the Office") uses your personal data. We process your data to exercise our official functions as laid out in the *Arbiter for Financial Services Act* and in accordance with the General Data Protection Regulation 2016/679 (GDPR) and any national implementing legislation.

How your data is processed throughout the complaint procedure

- We only request data which we will need to review your complaint.
- Personal data is obtained from the contents of your complaint form as well as from replies received from the financial services provider you are complaining against.
- In the course of processing your complaint, parties to the complaint provide further information by way of written correspondence or during hearings, of which we make a formal note. All the relevant data and information is exchanged between the parties to the complaint.
- Complaint files (in physical and electronic format) are kept for five (5) years from the date the decision becomes binding on the parties to the complaint. Decisions, containing all parties' names, are permanently stored in physical and electronic format.
- Decisions issued by the Arbiter for Financial Services are published on the Office's website and will remain available for a minimum of ten (10) years from the date of the Arbiter's decision. In such published versions, complainants' names will be replaced with different initials to make them unidentifiable.
- A summary of the case may also be published in the Office's Annual Report, in which case the complainants' names and details will also be unidentifiable.

Access to your data

• Your personal data will only be made accessible and transmitted to the parties directly involved in the case, or who may have a duty or legitimate interest at law to have access to such data and information. Generally speaking, the following will have access to some or all of the personal data pertinent to the said procedures, as applicable:

- Your (legal) representative whom you have authorised to assist you;
- The financial services provider, its (legal) representatives and dependents;
- Personnel acting and serving the Office; and
- Consultants or experts as appointed by the Arbiter.
- We will also share your data where we are obliged to do so by law (such as if your complaint is appealed in which case the entire case file will be handed over to the Court of Appeal, Inferior Jurisdiction).

Keeping your personal data safe

High standards of physical and technical security are employed to protect the confidentiality of your personal data. All staff are aware of the standards of data processing and security of personal data that is required of them.

Access to personal data

You can make a request for your personal data by contacting our Data Protection Officer via email at dpo.oafs@ financialarbiter.org.mt or in writing to: Data Protection Officer, N/S in Regional Road, Msida MSD1920 (MALTA). You may also contact the Data Protection Officer if you would like to ask that your data is amended or erased.

Complaint to the Data Protection Commissioner

If you are not satisfied at the way we handle your personal data, you may contact the Information and Data Protection Commissioner on (+356) 2328 7100 or at https://idpc.org.mt/contact/.

Information and Changes to this Privacy Statement

This Privacy Statement was approved updated, on 30 December, 2024 and may be reviewed in light of changes to our operations or other legislative developments. A comprehensive Data Protection Statement is available on our website www.financialarbiter.org.mt. Please get in touch with Data Protection Officer the (dpo.oafs@ financialarbiter.org.mt) for further information.

SECTION F DECLARATION

- I/we hereby certify and confirm that to the best of my/our knowledge, the information furnished above is true, accurate, correct and complete.
- The Office of the Arbiter for Financial Services may need to exchange information about my/our complaint with
 other persons or organisations in connection with my/our complaint, if it deems appropriate to do so. In this
 respect, I/we am/are extending my/our full consent to the Office to contact such other persons or organisations,
 and for such persons or organisations to disclose whatever information is required in respect of my/our complaint;
- By submitting this complaint to the Office, I/we understand that:
 - Where a complaint has not been settled between the parties, or withdrawn, that complaint will be subject to a formal decision in writing by the Arbiter, the terms of which will be binding on the parties.
 - A decision may be appealed to the Court of Appeal (Inferior Jurisdiction) by any of the parties to a complaint within 20 days from the date when the decision is notified to the parties.

| | Name of Complainant 1 / d signatory of the business | | |
|-----------|--|------|--|
| Signature | | Date | |
| | Name of Complainant 2 / d signatory of the business | | |
| Signature | | Date | |
| | | | |

If this complaint concerns a policy or account which is in joint names, this form needs to be signed by both account holders or policyholders.

The complaint form, with documents, may either be delivered by hand or mailed by registered post to:

OFFICE OF THE ARBITER FOR FINANCIAL SERVICES N/S IN REGIONAL ROAD MSIDA MSD1920 MALTA

Before submitting your complaint, please ensure that you have clearly typed or legibly written your complaint and:

- enclosed a copy of the provider's final letter, if available;
- enclosed copies of relevant documentation;
- Included everything you want to tell us about your complaint.