

COMPLAINT FORM

TO:

Aristeus Financial Services Ltd.,
Customer Service Department,
Customer Complaints Service.

Customer details

Mandatory field, necessary for your complaint status update

First name(s)			
Surname			
Identity	Number	Date of Issue	Issued by
Company name			
Tax Identity	Number	Tax Office	
Occupation (if retired, previous occupation)			
Date of birth			
Address for writing to you (include postcode)	Street:		No.:
	City/Country:		
	Post Code:	Tel.:	Fax:
	e-mail:		

Proxy details

If someone is complaining on your behalf (a legally authorised person or solicitor) please give us their details

First name(s)			
Surname			
Identity	Number	Date of Issue	Issued by
Company name			
Tax Identity	Number	Tax Office	
Occupation (if retired, previous occupation)			
Date of birth			
Address for writing to you (include postcode)	Street:		No.:
	City/Country:		
	Post Code:	Tel.:	Fax:
	e-mail:		

Complaint Description

Please tell us what your complaint is about

Name of Client or Proxy:			
Signature of Client or Proxy:		Date:	
(Completed only by Aristeus Financial Services Ltd.)			
Date of complaint form receipt:			
Verification of client signature:			

CUSTOMER DECLARATION

finally, please read and sign this declaration:

- I would like Aristeus Financial Services Ltd to look into my complaint. To the best of my knowledge, all the information I have supplied here is accurate.
- I understand that you usually resolve complaints by phone, letter and/or email.
- I understand that you will require some personal details about me, that you may need to share information I have supplied to you - including sensitive or personal information - with any relevant organisations, and that you may need to ask them for information that is relevant to my case.
- I understand that to help you provide the best possible service, you might ask me about my experience and that you will always keep my information confidential.

signature

date

signature

date

signature

date

signature

date

- You need to sign, even if someone is complaining on your behalf. This shows you have given them your permission to complain for you.

- For complaints involving accounts or policies held jointly, each person needs to sign.

- If you are signing on behalf of a business, please give your job title.

Please send this complaint form to us via:

- e-mail to: customerservice@aristeus.com.cy

- fax to: +357 22 021072

- post to:

Aristeus Financial Services Ltd.,
Customer Service Department,
Customer Complaints Service,
Acropolis Tower, 1st Floor,
66, Acropoleos Avenue
2012 Nicosia, Cyprus