

CONTACT FORM

For insurance, banking or securities issues



THE FINNISH FINANCIAL
OMBUDSMAN BUREAU

CUSTOMER



Surname

First names

Street address

Postal code

Locality

Phone during office hours

E-mail

WHAT IS YOUR CONCERN

INSURANCE ISSUE

Please fill in the details in this section



Insurance company

Number of claim

Number of insurance policy

Date of insurer's decision

Type of claim or policy

Who took the insurance?

I did
Someone else
did it. Who?

Date of loss/damage/injury

Name and phone n. of person handling your case

BANKING ISSUE

Please fill in the details in this section



Bank

Branch

Name of person handling your case

Product or service in question

SECURITIES ISSUE

Please fill in the details in this section



Investment firm or fund management company

Office

Name of person handling your case

Product or service in question

