

CONTACT FORM

For insurance, banking and investment 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

INVESTMENT ISSUES

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

CASE AT HAND



Please describe your case and the reason for your inquiry, giving your grounds

Claims (also in euro if possible)

AUTHORISATION FOR RECEIVING INFORMATION COVERED BY SECRECY FROM SERVICE PROVIDER



I hereby authorise FINE to obtain and receive, from the relevant credit institution, insurance company or insurance office, pension fund or pension society, investment firm, fund management company, any of their affiliates and group companies, any service company used by them and, if necessary, from the authorities, all the information concerning my case and my customer relationship with the banking, insurance or investment services or investment fund that is necessary for the examination of this request for clarification/complaint, any secrecy provisions notwithstanding. This authorisation covers all the information that I myself am entitled to receive.

I have been informed about the way FINE processes and stores my personal data. I understand that, in order to examine my case, FINE needs to notify the service provider who is the other party in the proceedings and the insured who is being heard in the liability insurance matter about the information I have given with my request for clarification/complaint as well as at a later stage during the examination.

I also understand that, in order to identify me, FINE needs to process my personal ID code.

My personal ID code is:

I hereby authorise

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to act as my agent and to receive the aforementioned information. (To be filled in if an agent handles the case on behalf of the customer.)

SIGNATURE

Signature and name in print letters:

FINE cannot examine the case without a signed authorisation!