






# REQUEST FOR OUT- OF-COURT COMPLAINT RESOLUTION WITH THE CSSF

Please fill in this form.

To submit the form, please proceed as follows:

- 1)  Save the form on your computer in order to fill it in;
- 2)  Attach the form to your e-mail including any supporting document which would be useful for a better understanding of your request (exchanges of (e-)mails with the professional, agreements, business documentation, etc.);
- 3)  Send the e-mail to the following address: [reclamation@cssf.lu](mailto:reclamation@cssf.lu)

**Other options:**

You may also send your request by **post**:

**Commission de Surveillance du Secteur Financier**

Département Juridique CC

283, route d'Arlon

L-2991 Luxembourg

<b>1. General information</b> <b>(*mandatory fields)</b> <b>(**also mandatory fields if the applicant is represented)</b>	
<b>1.1. The applicant is a natural person</b>	
Last name of the applicant* (as indicated on the ID card or passport)	
First name(s) of the applicant* (as indicated on the ID card or passport)	
Domicile of the applicant*	
<b>1.2. The applicant is legal person</b>	
Name of the company*	
Name of the legal representative of the company*	
Registered office*	
<b>1.3. Representative of the applicant<sup>2</sup></b>	
Last name, first name of the representative** Capacity of the representative (e.g. lawyer)**	
<b>1.4. Contact details</b>	
Address*(street and number)	
Zip code*	
City*	
Country*	
Phone number	
Mobile phone number	
E-mail address	

<sup>2</sup> The applicant has access to the complaint procedure without having to obtain a lawyer or legal adviser. The applicant may also seek an independent opinion or be represented or assisted by a third person at all stages of the procedure.

2. Professional concerned by the request	
Name of the professional concerned by the request*	
Product or service concerned by the request (for instance, bank account, credit card, portfolio management)	
3. Information pertaining to your complaint*	
<p>The request shall include a detailed description of the facts underlying the complaint and of the steps that have been already taken (the description of the complaint may also be attached as a separate document).</p> <p>The request can be filed in Luxembourgish, German, English or French.</p>	

<sup>3</sup> If the underlying facts are complex and manifold, a chronological presentation may prove useful.

**4. List of the documents to be attached to the request  
(\*mandatory documents)**

Please attach a copy of each of the following documents to your request:

<b>Document N° 1</b>	<p>Prior letter, fax or email that you have addressed to the management of the professional.*</p> <p>The CSSF only accepts complaints that have previously been sent to the person responsible for complaint handling at the level of the management of the professional.</p>
<b>Document N° 2</b>	<p><b>Answer of the professional*</b></p> <p>2.1 <u>If you received an answer from the professional:</u> a copy of the answer to document No. 1 (see above) and the reason why the professional's answer is unsatisfactory</p> <p>or</p> <p>2.2. If you did not obtain an answer from the professional: confirmation that you did not obtain an answer from the professional within one month after having sent document No. 1. If you have not received an answer from the professional, <b>please tick:</b></p>
<b>Document N° 3</b>	<p><u>If the applicant is a natural person:</u> a copy of a valid ID card (ID card, passport or similar document).*</p>
<b>Document N° 4</b>	<p><u>If the applicant is a legal person:</u> a copy of a valid ID card (ID card, passport or similar document) of the natural person legally representing the legal person and a valid copy of an official document (e.g. excerpt of the commercial register) showing that the representative may represent the legal person.*</p>
<b>Document N° 5</b>	<p><u>If you are a third person</u> (e.g. lawyer) representing the applicant (natural person or the natural person legally representing the legal person): copy of your power of representation.*</p>

5. Required confirmations	
Please confirm/agree as follows:	
<ul style="list-style-type: none"> <li>I confirm that my complaint (the complaint of the person I represent) has not been previously or is not currently being examined by another out-of-court dispute resolution body, an arbitrator, an arbitration tribunal or a court, in Luxembourg or abroad.</li> </ul>	
<ul style="list-style-type: none"> <li>I agree (the person I represent agrees) with the request handling conditions of the CSSF in its capacity as body responsible for the out-of-court resolution of my complaint according to the applicable regulations.</li> </ul>	
<ul style="list-style-type: none"> <li>I hereby expressly authorise the CSSF to transmit my request (including the attachments) as well as any future correspondence or information to the professional concerned by the request.</li> </ul>	
<ul style="list-style-type: none"> <li>I confirm that my complaint has been filed with the CSSF within a period not exceeding one year as from the date at which I filed my request with the professional.</li> </ul>	
<ul style="list-style-type: none"> <li>I confirm that I am (the person I represent is) informed of the fact that I am entitled to withdraw from the procedure at any time. I shall notify (the person I represent shall notify) the professional and the CSSF of that decision in writing or by way of a durable medium.</li> </ul>	

Signature : \_\_\_\_\_ Date and place: