






Commission de Surveillance
du Secteur Financier

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

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

Or by **fax**:

(+352) 26 25 1 – 2601

1. General information (*mandatory fields) (**also mandatory fields if the applicant is represented)	
1.1. The applicant is a natural person	
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*	
1.2. The applicant is legal person	
Name of the company*	
Name of the legal representative of the company*	
Registered office*	
1.3. Representative of the applicant²	
Last name, first name of the representative** Capacity of the representative (e.g. lawyer)**	
1.4. Contact details	
Address*(street and number)	
Zip code*	
City*	
Country*	
Phone number	
Mobile phone number	
E-mail address	

² 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.

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:	
Document N° 1	<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>
Document N° 2	<p>Answer of the professional*</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, please tick:</p>
Document N° 3	<p><u>If the applicant is a natural person:</u> a copy of a valid ID card (ID card, passport or similar document).*</p>
Document N° 4	<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>
Document N° 5	<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"> ▪ 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. 	
<ul style="list-style-type: none"> ▪ 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. 	
<ul style="list-style-type: none"> ▪ 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. 	
<ul style="list-style-type: none"> ▪ 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. 	
<ul style="list-style-type: none"> ▪ 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. 	

Signature : _____ Date and place: