



Our Reference:

\* PPI REFUND CLAIM PACK – Getting YOUR money back starts HERE – Please check and sign where highlighted \*

|   |   |  |                           |  |                |  |
|---|---|--|---------------------------|--|----------------|--|
| *Customer Name (s)  | <u>Title</u>  |  | <u>Forename</u>           |  | <u>Surname</u> |  |
|   | <u>Title</u>  |  | <u>Forename</u>           |  | <u>Surname</u> |  |
| *Customer Name – At the time of taking the loan (If different)      | <u>Title</u>  |  | <u>Forename</u>           |  | <u>Surname</u> |  |
|   | <u>Title</u>  |  | <u>Forename</u>           |  | <u>Surname</u> |  |
| *Is this Finance in Joint Names?                                    |   |  |                           |  |                |  |
| *Your Address:  | Current Address:  |  |                           | Address when loan was agreed (If different): |                |  |
| *House Number / Name  |   |  |                           |  |                |  |
| *Street Name  |   |  |                           |  |                |  |
| Locality  |   |  |                           |  |                |  |
| *City / Town  |   |  |                           |  |                |  |
| County  |   |  |                           |  |                |  |
| *Post Code  |   |  |                           |  |                |  |
| *Home Telephone Number  |   |  |                           |  |                |  |
| *Mobile Number  |   |  |                           |  |                |  |
| *Email Address  |   |  |                           |  |                |  |
| *Date of Birth  |   |  |                           |  |                |  |
| *Finance Provider   |   |  |                           |  |                |  |
| *Did a broker arrange this?   | If yes please provide Broker name:  |  |                           |  |                |  |
| Original Loan (or) Average Balance                                  |   |  |                           |  |                |  |
| *Finance Start Date (approx)  |   |  | Finance End Date (approx) |  |                |  |
| *Is the Finance in Arrears, Debt Management or IVA? (Please detail) |   |  |                           |  |                |  |
| Amount of PPI (if known)  |   |  |                           |  |                |  |
| <b>**Account Number</b>   | <b>**</b>   |  |                           |  |                |  |
| <b>**PLEASE NOTE:</b>   | Regarding the Loan (Or credit card/mortgage etc) Account Number – It will speed up the process if you locate this and add it yourself. However if you can't find it just sign and return the forms and we will aim to get the account number for you, it's all part of the service. |  |                           |  |                |  |
| • *Denotes mandatory field  |   |  |                           |  |                |  |

**You should only sign these documents if you have read and agree to the content.**

**You Have:**

1. The right to cancel this agreement without any charge within 14 days of signing this agreement.
2. The right to shop around or seek further advice.
3. The right to complain to the lender/broker yourself and if not satisfied with their final response to refer to the Financial Ombudsman Service scheme without the expert help and guidance of Money Active.
4. Considered whether you have alternative mechanisms for pursuing a claim i.e. legal expenses insurance.
5. Read and understood our service charges for a successful claim, as a percentage and also an example in pounds.
6. **Regarding No Win No Fee:** Understood that unless you cancel the contract after the 14 day cooling off period you shall not pay any fee if an offer of compensation is not achieved.

Signature \_\_\_\_\_

Joint Signature (If Applicable) \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

**Payment Protection Insurance Terms of Engagement - Please Read, Date and Sign below.**

'I/We' and 'the Client' means the client(s) whose signature appears afoot of these terms and conditions 'Company' means Money Active Ltd.

I/We herewith appoint Money Active Ltd to act exclusively on my/our behalf as my/our representative in respect of my/our claim/s for any mis-sold Payment Protection Insurance. I/We shall provide all information required by Money Active Ltd, as requested, by return. I/We shall not enter into any agreement with the Bank/Lender/Broker without first consulting Money Active Ltd.

**Cancellation Conditions:**

Money Active Ltd can cancel this agreement at any time and no fee will be payable by you if we think there are no grounds for a complaint or that your claim is unlikely to succeed.

Money Active Ltd has the right to terminate the contract by giving written notice to you (the client), also at any time to immediately terminate the contract if the client materially breaches any term of the contract or if the client is adjudicated bankrupt. In the case of redeemable breaches the client will be afforded 28 days to remedy the breach.

You will have the right to terminate the contract within 14 days of signing the contract by giving written or verbal notice to Money Active Ltd

In the event that you wish to terminate the contract after the statutory 14 day 'cooling off' period you may do so but Money Active Ltd reserve the right to issue a cancellation charge that reflects the work already undertaken in pursuance of your claim, calculated by hourly rate of £45 plus VAT.

If Money Active Ltd has already achieved an offer of compensation that is made in accordance with FCA and FOS guidelines the full fee is payable.

A cancellation fee would only be charged if you cancel the contract after 14 days of signing.

Cancellation of the agreement must be done by clear statement. For more information, please see our Notice of Right to cancel within the claim pack.

**Law & Jurisdiction:** In all matters affecting this contract the law applicable to this contract shall be English law and the parties consent to the jurisdiction of the English courts. The Company makes no representation or warranty to the Client that compensation will be obtained or is in any way guaranteed. The Company reserves the right at any time, at its discretion, to not pursue a claim for compensation and in such instances will notify the Client in writing promptly.

**Compensation:** Compensation refers to the total monies offered by the Third Party (i.e. Loan Company, Lender, Broker, IFA or any other organisation associated with your claim/s) whether as compensation, as a gesture of goodwill, refund, discount or otherwise arising from any claim made by the Company on behalf of the Client for an allegedly mis-sold PPI and/or any offer to reduce any loan amount outstanding and/or any interest or capital recovered. Where such an offer is revised on appeal and subject to the client having not cancelled our agreement, then the higher amount shall be used in order to calculate the amount of the Compensation.

**Responsibilities:****Money Active Ltd shall:**

- a) Conduct ourselves in the best interest of the client in the pursuance of any potential claim against any financial institution.
- b) Afford the client with impartial advice on any risks and benefits of pursuing a claim against any financial institution.
- c) Endeavour to achieve a satisfactory outcome via complaint to the lender/broker, through the Financial Ombudsman or Financial Services Compensation Scheme, as necessary. Our work is limited to reaching a settlement without court action.
- d) Advise the client on the suitability of any offer of settlement on behalf of any financial institution.

**The Client shall:**

- a) Provide Money Active Ltd with full and accurate information and not mislead it or obstruct it in any way.
- b) Provide Money Active Ltd with all documents, including in electronic form, in his/her possession relating to / giving evidence to the claim/s.
- c) Respond without delay to any request from Money Active Ltd for instructions or further information without delay.
- d) Advise Money Active Ltd of any change of address details or contact telephone numbers immediately.
- e) Advise Money Active Ltd immediately if the Third Party contacts the client directly regarding the claim.

## Our Ref:

### Payment & Our Fees:

Money Active Ltd will strive to recover all monies owed and undertake to forward any payment from our bank to you, the client, within 7 days from the date received, subject to the agreed fee of 33% plus VAT.

If you are paid the compensation directly we require that you pay our fee no later than 10 days after payment is received by you.

If based on all available evidence your offer of compensation is correct and was calculated in accordance with Financial Conduct Authority and Financial Ombudsman Service rules or guidance and we recommend that you accept it and you choose not to accept it our fee must be paid within 20 days of our recommendation.

If you fail to pay our fee and Money Active Ltd takes steps to recover any service charges due, the Client shall pay to Money Active Ltd a recovery fee that reflects the cost of work undertaken to recover the fee, in addition to our normal fee.

If you fail to pay our fees within our agreed terms you give permission for us to obtain a reference from a credit reference agency, who will perform a credit check on our behalf.

You may be paid directly in cash, or a reduction to your balance may be made. If your claim relates to a loan that is still ongoing you may receive compensation both as a cash sum and also a reduction in your future loan payments, in such cases our fee will only be payable on the cash in hand sum.

If your claim relates to a credit or store card that is still active the compensation may be paid as a cash sum and/or an amount credited to the card, naturally in such cases our fee will be payable on any amount credited to the card and any cash in hand sum.

Examples of the Company's fee –

| Example A: All compensation is "cash in hand"           |               | Example B: Compensation includes "cash in hand" award with loan and future instalment reduction |               | Example C: Compensations is used to offset arrears consumer has on credit card or loan |               |
|---|---------------|---|---------------|--|---------------|
| Total compensation Received by Customer:                | £3,000        | Total compensation Received by Customer:  | £3,000        | Total compensation Received by Customer:   | £3,000        |
| Loan Reduction by Lender                                | £0            | Loan Reduction by Lender  | £2,000        | Arrears Reduction by Lender  | £3,000        |
| Of which cash received by Customer after Loan reduction | £3,000        | Of which cash received by Customer after Loan reduction   | £1,000        | Of which cash received by Customer after Arrears reduction                             | £0            |
| Money Active Fee charged @ 33% + VAT                    | £1,188        | Money Active Fee charged @ 33% + VAT  | £1,188        | Money Active Fee charged @ 33% + VAT   | £1,188        |
| <b>Consumer Pays Money Active</b>                       | <b>£1,188</b> | <b>Consumer Pays Money Active</b>   | <b>£1,188</b> | <b>Consumer pays Money Active</b>  | <b>£1,188</b> |

**No Win No Fee:** Unless you cancel the contract after the 14 day cooling off period you, the Client, shall not pay any fee if an offer of compensation is not achieved via complaint to the lender/broker, through the Financial Ombudsman or Financial Services Compensation Scheme and/or the Company has deemed it appropriate not to pursue a claim for compensation.

**Complaints:** Money Active Ltd has an internal complaints procedure, included in a separate sheet in your pack.

**Declaration:** You should only sign this document if you have read it and agree to be bound by the terms and conditions. By signing this agreement you are entering into a legally binding contract.

**Any Questions? Call our helpline, we are happy to answer them – 01455 530 034**

Name: \_\_\_\_\_ Joint Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Signature \_\_\_\_\_

Joint Signature (if Applicable) \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Money Active Ltd is Regulated by the Claims Management Regulator in respect of regulated claims management activities. CRM32050

## Letter of Authority

### To whom it may concern:

**Company:** \_\_\_\_\_ **Agreement/Account number:** \_\_\_\_\_.

- 1. Authorisation to Money Active Ltd** – I/We hereby give authorisation to Money Active to act on my/our behalf in pursuing my/our claim/s in respect of advice received from and/or sales made by the company relating to the above and any other account I/we hold or have held with the company. I/We give Money Active Ltd full authority to refer the complaint to the Financial Ombudsman Service and/or Financial Services compensation Scheme if this is believed to be in my/our best interest. **I/We further consent that a copy of this agreement holds the same validity as the original and that this authority will endure until further notice.**
- 2.** I/We acknowledge that I/we could pursue this complaint myself/ourselves without the involvement of Money Active Ltd, but that I/we have instead opted to engage Money Active Ltd whose fees will be recoverable from me/us.
- 3. Instructions to the company- Please take this letter as my/our instructions to you, the company, to deal directly with Money Active Ltd in respect of the complaint and to provide them with any information they request either verbally or in any other media format that they require to pursue my/our complaint.** As of the date I/we have signed this letter of authority, we do not wish to receive any correspondence from the company in relation to our complaint.
- 4. Compensation** – I authorise that any compensation monies arising from this matter may be paid directly to Money Active Ltd. Such monies will promptly be paid to me/us by Money Active Ltd less their fee for the services carried out by them. I/We have received details of any fees payable contained within our signed letter of engagement.
- 5.** I/We understand that in the eventuality of a successful claim my/our payment protection policy will be terminated and it is my/our responsibility to arrange replacement cover if so required.
- 6.** In the case of an ongoing loan or mortgage I/We require any compensation monies to be paid directly in accordance with article 5 above and not used to reduce an outstanding loan balance other than to reduce future loan payments by means of removal of the PPI.
- 7.** In the case of an active credit or store card account I/We understand that if the card provider uses my redress monies to reduce an outstanding balance on my credit or store card, the total fee will still be payable to Money Active Ltd.
- 8. Instructions to third party** – In the eventuality that you need to contact a third party to progress my/our claim for any reason, I/we hereby give my/ our authority and consent for the third party to provide the company and Money Active Ltd with any information they request and may require to pursue my/our claim.  
I understand that, in addition to the present Letter of Authority I will need to provide further information when raising an expression of dis-satisfaction to the Lender, about the underlying product(s), service(s) and where known, specific account number(s) being complained about. Doing so will enable the Lender to assess and determine the complaint as quickly and as effectively as possible.
- 9. Declaration of Truth** – I/We have read and accepted the Money Active Ltd Terms of Engagement and give them full authority to make a claim on my/our behalf. I/We confirm that the information given in this letter is in the best of my/our knowledge accurate and a truthful reflection of my/our recollections of events at the point of sale.
- 10. Terms of Engagement** – I/We have read and accept the Money Active Ltd Terms of Engagement and give them full authority to make a claim on my/our behalf.

|                    |                             |
|--------------------|-----------------------------|
| Customer 1         | Customer 2 (If Joint Names) |
| Title: First Name: | Title: First Name:          |
| Surname:           | Surname:                    |
| Date of Birth:     | Date of Birth:              |
| Address:           | Address:                    |
| Postcode:          | Postcode:                   |

**Signed:** \_\_\_\_\_ **Joint Signature (if applicable)** \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

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| Customer 1         | Customer 2 (If Joint Names) |
|--------------------|-----------------------------|
| Title: First Name: | Title: First Name:          |
| Surname:           | Surname:                    |
| Date of Birth:     | Date of Birth:              |
| Address:           | Address:                    |
| Postcode:          | Postcode:                   |

**Signed:** \_\_\_\_\_ **Joint Signature** (if applicable) \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

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|                         |                             |
|-------------------------|-----------------------------|
| Customer 1              | Customer 2 (If Joint Names) |
| Title:      First Name: | Title:      First Name:     |
| Surname:                | Surname:                    |
| Date of Birth:          | Date of Birth:              |
| Address:                | Address:                    |
| Postcode:               | Postcode:                   |

**Signed:** \_\_\_\_\_ **Joint Signature (if applicable)** \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_



## Letter of Authority

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|--------------------|-----------------------------|
| Title: First Name: | Title: First Name:          |
| Surname:           | Surname:                    |
| Date of Birth:     | Date of Birth:              |
| Address:           | Address:                    |
| Postcode:          | Postcode:                   |

**Signed:** \_\_\_\_\_ **Joint Signature (if applicable)** \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

our ref:

## payment protection insurance: consumer questionnaire

### WHAT IS THIS QUESTIONNAIRE FOR?

- This questionnaire is for consumers to bring a complaint about the sale of payment protection insurance (PPI).
- The questionnaire asks you for the personal and financial details needed to sort out your complaint.
- If you're not sure about anything – or have any difficulties filling in this questionnaire – phone us at the Financial Ombudsman Service on 0300 123 6222 or 0800 121 6222.

### WHAT DO I NEED TO DO?

- Please fill in the questionnaire, giving as much information as you can.
- It may take you some time to go through the questionnaire and get all your facts together. But having all the information in one place should mean your case can then be assessed more quickly.
- Once you have completed the questionnaire, please return it to us at the address at the end.
- If you have any documents you think may be of interest, please send copies of them as well.

## section A: about you

### A.1 your name and contact details

#### *your details*

|               |                           |                           |                           |
|---------------|---------------------------|---------------------------|---------------------------|
| surname       | <input type="text"/>      | title                     | <input type="text"/>      |
| first name(s) | <input type="text"/>      |                           |                           |
| date of birth | <input type="text"/><br>d | <input type="text"/><br>d | <input type="text"/><br>m |
|               | <input type="text"/><br>m | <input type="text"/><br>y | <input type="text"/><br>y |

#### *details of anyone complaining with you*

|                           |                           |                           |
|---------------------------|---------------------------|---------------------------|
| <input type="text"/>      | title                     | <input type="text"/>      |
| <input type="text"/>      |                           |                           |
| <input type="text"/><br>d | <input type="text"/><br>d | <input type="text"/><br>m |
| <input type="text"/><br>m | <input type="text"/><br>y | <input type="text"/><br>y |

address for writing to you (including your postcode)

|               |                      |        |                      |
|---------------|----------------------|--------|----------------------|
| daytime phone | <input type="text"/> | mobile | <input type="text"/> |
| home phone    | <input type="text"/> | email  | <input type="text"/> |

### A.2 if someone is complaining on your behalf (eg a relative or claims manager) please give us their details

|   |  |                     |   |
|---|--|---------------------|---|
| their name  | <input type="text" value="Money Active Limited"/>  | relationship to you | <input type="text" value="Claims Handler"/> |
| address for writing to them<br>(including postcode) | <input type="text" value="Wheatfield House,&lt;br/&gt;Wheatfield Way,&lt;br/&gt;Hinckley, Leicestershire LE10 1YG"/> |                     |   |
| their daytime phone                                 | <input type="text" value="01455 530 034"/>   | their fax           | <input type="text" value="0845 358 2510"/>  |
| their email   | <input type="text" value="info@money-active.co.uk"/>   | their ref           | <input type="text"/>                        |

### A.3 what's the name of the financial business you're complaining about?

### A.4 what's the policy number of the payment protection insurance you're complaining about?



## section B: about the sale of the insurance

### B.1 when did you take out this payment protection insurance?

|                      |                      |                      |                      |                      |                      |                      |                      |   |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | can't remember <input type="checkbox"/> |
| d                    | d                    | m                    | m                    | y                    | y                    | y                    | y                    |   |

### B.2 did the payment protection insurance provide *single* cover (to cover just you) or *joint* cover (to cover you and your partner)?

|                                 |                                |
|---------------------------------|--------------------------------|
| <input type="checkbox"/> single | <input type="checkbox"/> joint |
|---------------------------------|--------------------------------|

### B.3 how was this insurance sold to you?

You might have been sold the insurance at a *different time* to when you took out your loan or credit.

- ☐ during a meeting
- ☐ during a phone conversation
- ☐ you were given a leaflet to fill in
- ☐ over the internet
- ☐ by post
- ☐ can't remember

### B.4 did the financial business give you advice or recommend that you take out this insurance?

- ☐ yes
- ☐ no
- ☐ can't remember

### B.5 how did you pay for this insurance?

- ☐ with a single payment ("premium") paid up-front as a one-off
- ☐ with a "premium" paid each month
- ☐ not sure

### B.6 what's the current situation with this insurance?

- ☐ the insurance is still running
- ☐ the insurance ended when the loan was paid off  
(or when the credit card account was closed)
- ☐ the insurance was cancelled (if so, when did this happen?)

|                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| d                    | d                    | m                    | m                    | y                    | y                    | y                    | y                    |

---

**B.7 have you ever made a claim on the payment protection insurance you're complaining about?**

☐ yes \*    ☐ no

\* If "yes", tell us below why you claimed on the policy (for example, you were made unemployed) and the date of your claim. Also tell us if the insurer turned down your claim.

Please enclose copies of any paperwork you received from the insurer about this claim.

## section C: about the money you borrowed

### C.1 what did you buy the payment protection insurance to cover?

- ☐ a personal loan
- ☐ a business loan
- ☐ a credit card
- ☐ a mortgage
- ☐ an overdraft
- ☐ a store card
- ☐ a loan secured on your home *in addition* to your mortgage
- ☐ catalogue shopping
- ☐ hire purchase
- ☐ not sure

what was the account number?

This account number will be different to the insurance policy number on page 1 (at question A.4).

### C.2 what was your reason for borrowing the money (or taking out the credit)?

- ☐ refinancing or consolidating other debts  
(if so, please complete question C.3 on the next page)
- ☐ buying a car
- ☐ paying for home improvements
- ☐ paying for a wedding
- ☐ paying for a holiday
- ☐ non-essential spending (for example, buying a new TV)
- ☐ essential everyday spending (for example, rent, household bills or food shopping)
- ☐ business loan
- ☐ other (please tell us more below)

**section C: about the money you borrowed**

**C.3 if you borrowed the money to pay off *other debts*, please tell us more about those debts?**

| what were the names of the companies<br>you had those <i>other debts</i> with? | were they credit<br>cards or loans? | how much<br>did you owe? | when did you<br>take them out? | when did you<br>pay them off? |
|--|-------------------------------------|--------------------------|--------------------------------|-------------------------------|
|  |                                     | £                        |                                |                               |
|  |                                     | £                        |                                |                               |
|  |                                     | £                        |                                |                               |

**C.4 have you ever missed payments – or gone into arrears – on the loan or credit  
you listed in question C.1?**

☐ yes \*    ☐ no

\* If “yes”, please tell us more below.

For example – how many times have you missed payments and by how much – and what’s your current situation?

## section D: about your personal circumstances

### D.1 at the time you took out the payment protection insurance, what was your employment status (and your partner's – if relevant)?

*you*

- ☐ employed
- ☐ self employed
- ☐ temporary / agency worker
- ☐ not working
- ☐ retired
- ☐ director of own company
- ☐ student in full-time or part-time education
- ☐ working fewer than 16 hours
- ☐ not known
- ☐ other

If you were a student – but *also* had a job –  
how many hours were you working each week?

*your partner*

- ☐ employed
- ☐ self employed
- ☐ temporary / agency worker
- ☐ not working
- ☐ retired
- ☐ director of own company
- ☐ student in full-time or part-time education
- ☐ working fewer than 16 hours
- ☐ not known
- ☐ other

If your partner was a student – but *also* had a job –  
how many hours were they working each week?

### D.2 if your employment status has changed since you took out the insurance, tell us how.

For example – if you *were* self-employed, but are *now* employed.

### D.3 what type of work did you do when you took out the payment protection insurance – and what was the name of your employer?

*you*

type of work

name of your  
employer(s)

*your partner*

**section D: about your personal circumstances**

**D.4 how long had you been working there, when you took out the payment protection insurance?**

*you*

years

months

*your partner*

years

months

**D.5 if you were employed when you took out the insurance, would you have received any pay from your employer – if you were off work due to sickness or an accident – or if you were made redundant?**

*you*

- ☐ yes \*
- ☐ no
- ☐ can't remember
- ☐ not relevant (as you weren't employed)

*your partner*

- ☐ yes \*
- ☐ no
- ☐ can't remember
- ☐ not relevant (as they weren't employed)

\* If "yes", what pay would you have received from your employer?

- ☐ less than 3 months
- ☐ 3 months or more, but less than 6 months
- ☐ 6 months or more, but less than 12 months
- ☐ 12 months or more
- ☐ no pay (or statutory pay)
- ☐ other (please tell us more below)

**D.6 if you hadn't been able to work (because you were ill, in an accident or had been made redundant), would you have had any other way of making your repayments?**

For example – from savings or other insurance policies.

*you*

☐ yes \*   ☐ no

*your partner*

☐ yes \*   ☐ no

\* If "yes", how would you have made your repayments – if you hadn't been able to work?

- ☐ from savings or insurance – worth less than 3 months of your pay
- ☐ from savings or insurance – worth 3 months or more, but less than 6 months of your pay
- ☐ from savings or insurance – worth 6 months or more, but less than 12 months of your pay
- ☐ from savings or insurance – worth 12 months or more of your pay
- ☐ none
- ☐ by some other means (please tell us more below)

**section D: about your personal circumstances**

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**D.7 when you took out this insurance, did you or your partner have any health problems – or were either of you registered as disabled?**

*you*

☐ yes \*    ☐ no

*your partner*

☐ yes \*    ☐ no

\* If “yes”, have you ever been off work because of this condition – and if so, for how long?



## section E: about your complaint

**this page is for you to tell us what happened – when you took out the payment protection insurance**

For example, please tell us any details you remember about:

- Where the sale took place – and who you spoke to at the financial business.
- The information you were given *before* you took out the insurance.
- How the cost, benefits and terms of the insurance were explained to you.
- The questions you asked before taking out the insurance.
- Why you decided to take out the insurance.

If you need more space, please use the spare page at the end of this questionnaire.

Please send us copies of any documents you have from when you took out the payment protection insurance.

**finally, tell us why you are now unhappy with the insurance**

If you need more space, please use the spare page at the end of this questionnaire.

## section F: your declaration

our ref:

“ I confirm I want to make a formal complaint about the sale of the payment protection insurance described in this questionnaire.

I confirm that all the information I have given in this questionnaire is true and accurate to the best of my knowledge. ”

your name

your signature

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
|   |   |   |   |   |   |   |   |
| d | d | m | m | y | y | y | y |

your name

your signature

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
|   |   |   |   |   |   |   |   |
| d | d | m | m | y | y | y | y |

You (and your partner, if it's a joint complaint) need to sign here – even if *someone else* is bringing the complaint on your behalf.

If someone is complaining for you (eg a relative or claims manager), your signature here means you authorise the person named on page 1 to represent you in this complaint.

please tick ✓ to confirm you have ...

- ☐ included everything you want to tell us about your complaint
  - ☐ signed the declaration above
  - ☐ enclosed copies of all relevant documents
- or
- ☐ *not* enclosed any documents with this form

If you're not sure about anything – or have any difficulties filling in this questionnaire – phone us at the Financial Ombudsman Service on:

0300 123 6222 or

0800 121 6222

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**please use this page if you need more space**


 our ref

## complaint form

Please use this form to tell us about your complaint – so we can see if we're able to help you.

If you're not sure about anything – or have difficulties filling in this form – just phone us on **0300 123 9 123**.



Please let us know if you have any practical needs where we could help – for example with information in another format (*eg* large print, Braille *etc*) or in a different language.



You can download this form off our website ([www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)) to complete by hand. Or you can fill it in on screen – then print it off and post it back to us.

### first, please give us your details

... and the details of anyone complaining with you

|   |       |  |        |  |
|---|-------|--|--------|--|
| first name(s)                                 | title |  | title  |  |
| surname                                       |       |  |        |  |
| occupation (if retired, previous occupation)  |       |  |        |  |
| date of birth                                 |       |  |        |  |
| address for writing to you (include postcode) |       |  |        |  |
| daytime phone                                 |       |  | mobile |  |
| home phone                                    |       |  | email  |  |

### if someone is complaining on your behalf (*eg* a solicitor or relative) please give us their details

|  |                     |  |
|--|---------------------|--|
| their name                                     | relationship to you |  |
| address for writing to them (include postcode) |                     |  |
| their daytime phone                            | fax                 |  |
| their email                                    | ref                 |  |

### if you're complaining on behalf of a business, charity or trust please fill in these details

|   |  |   |   |
|---|--|---|---|
| its full official name                    |  | number of employees*  |   |
| if a partnership, the number of partners* |  | its annual turnover, annual income or net asset value (at the time you first complained)* | £ |

\* We may ask you for evidence of this. Please phone us – or look on our website – for information about what types of businesses, charities and trusts can use our service.

### details of the business you think is responsible for your complaint

their name  
their address  
(include postcode)

their phone number

|  |
|--|
|  |
|  |
|  |
|  |
|  |

### details of the adviser or business who *originally* sold the product or service you're complaining about (if different from the name above)

their name  
their address  
(include postcode)

their phone number

|  |
|--|
|  |
|  |
|  |
|  |
|  |

### the kind of product or service you're complaining about

the name and type  
of product or service

|  |
|--|
|  |
|--|

any reference number (eg your account and sort code;  
hire-agreement or loan number; policy or claim number)

|  |
|--|
|  |
|--|

### please tell us what your complaint is about

Please refer to section E of the consumer questionnaire and, if appropriate the other points detailed below.

If your complaint is about the sale of **payment protection insurance** (PPI), you will also need to complete a separate questionnaire.

- You may have done this already – if you have already complained directly to the business you think is responsible.
- If not, [you can download the consumer questionnaire off our website](#) – or phone us for a copy on **0300 123 9 123**.

### time limits may apply to your complaint so we need to know these dates

day month year

- When did the advice, service or transaction you're complaining about take place?
- When did you first complain to the business you think is responsible?

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |

The business has **eight weeks** from this date to send you its final written answer – **before** we can investigate the complaint.

## just a few more questions

- Has the business you're complaining about sent you its final written answer? YES ☐ NO ☐  
Please enclose a copy of the **last letter** that the business sent you.
- Has there been any court action relating to your complaint (or is any planned)? \*YES ☐ NO ☐  
\* If YES, please enclose copies of relevant paperwork.
- How do you want the business to put things right for you?

## accessibility and practical needs

Do you have any practical needs where we could help – by making adjustments like using large print, Braille or a different language? \*YES ☐ NO ☐  
\* If YES, please tell us how we can help you.

## finally, please read and sign this declaration

- “
- I'd like the Financial Ombudsman Service to look into my complaint. To the best of my knowledge, all the information I've given you is accurate.
  - I understand that you usually resolve complaints by phone, letter and email.
  - I understand that you will need some personal details about me, that you might need to share information I give you – including sensitive or personal information – with the business involved and other relevant organisations, and that you might need to ask them for information that's relevant to my case.
  - I understand that you have a duty to publish your ombudsmen's final decisions on your website – with consumers' details removed - but that most cases can be resolved before they reach an ombudsman
  - I understand that to help you provide the best possible service, you (or a trusted third party) might ask me about my experience. And though you sometimes publish anonymous examples of the cases you look at, you'll always keep my information confidential.
- ”

signature

date

signature

date

- You need to sign, even if someone else 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're signing on behalf of a business, please give your job title.

## post to ...

Financial Ombudsman Service  
Exchange Tower  
London E14 9SR

## please tick ✓ to show you have ...

- ☐ enclosed a copy of the business's last letter to you.
- ☐ enclosed copies of other relevant information.
- ☐ included everything you want to tell us about your complaint.

**0300 123 9 123 or 0800 023 4567**

*calls are recorded for training  
and monitoring purposes*

**fax 020 7964 1001 dx 141280 Isle of Dogs**  
**complaint.info@financial-ombudsman.org.uk**  
**www.financial-ombudsman.org.uk**

- We will use the details you give us on this form to see if we can help you with your complaint.
- We may need more information from you. And there are rules and restrictions that may apply.
- If we can't help you, we will give you the chance to query anything you don't understand or agree with.