Contact Form 1



For insurance, banking and investment issues



Customer 2	* required fields		
Surname *		First names *	
Street Address		Postal code	Locality
Phone during office hours *	E-mail		
What is your co	oncern 3		
Insurance issue	Please fill in the details in this	s section	
Insurance company *	Number of cl	aim	Number of insurance policy
Date of insurer's decision Date of loss/damage/injury	· · · · · ·	Who took the insuranc I did Someone else did it handling your case	
Banking issue	Please fill in the details in this s Office		lame of person handling your case
Product or service in question	1		
Securities issue	Please fill in the details in t	this section 5	
Investment firm or fund mana	agement company * Office	١	Name of person handling your case
Product or service in question	١		

FINE cannot examine the case without a signed authorisation! Information of the agent (the person you are authorizing) Need to be filled if you are authorizing another person Name of the agent's company / name Phone number of the agent			
Confirmation and authorisation 3 syending this form, I confirm that I have been informed about the processing and storage of my personal data by iNE. I understand that when handling my case, FINE must provide the information given by me in the request for larification/complaint and later during the handing, to the service provider constituting the counterpart in this case, is well as in insurance matters, to the insured to be heard in the case. I equally understand that FINE must process my sersonal ID code to identify me. hereby authorise FINE to obtain and receive, from the relevant credit institution, insurance company or insurance fiffice, 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. In the form under "Information of epresentative/attorney", I authorise the person in question to act as my representative and to obtain the information necessary for the processing of the above request for clarification/complaint. My personal ID n. is: * Signature * Signature and name in print letters: Please give the dates in the form dd.mm.yyyy information of the agent (the person you are authorizing) Phone number of the agent Phone number of the agent			
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Instructions for filling out the form

Please read the instructions before you fill in the form.

You can only use the space made available on each line. Anything in excess of the line will not be visible in the printout.

There are instructions for each section of the form, and you can access them by clicking the relevant icon in the margin. To close the instructions, click the little square in the upper corner of the box.

Do not forget your signature!

Before filling in the form, it would be advisable to read the instructions for appeal at www.fine.fi The FINE site also includes the statutory (as per Section 10 of the Personal Data Act) description of the personal data files used for the customer data by the FINE Ombudsman Services and the Insurance, Banking and Securities Complaints Boards.

If the customer is under age or otherwise legally incompetent, please give the contact details of the quardian or other person or body representing the interests of the customer.

NB! If you act on behalf or as the representative of another person, you must always include a power of attorney from that person, authorising you to attend to the issue. Due to the secrecy provisions, we need the power of attorney to get the information needed.

Please give the phone number with area code.

Please indicate the type of your insurance policy (line of insurance): does your question relate, for example, to a household insurance policy or a car, third party liability, legal expenses insurance or a private accident insurance policy?

The policy number or insurance contract number is printed on your policy documents. The claim number is normally marked in the insurer's decision on the claim.

Please give the dates in the form dd.mm.yyyy.

- To fill in the "Product or service in question" box, you should specify your concern or problem: is it, for example, a bank card, bank transfer, loan, guarantee or deposit issue?
- To fill in the "Product or service in question" box, you should specify your concerns: is it, for example, a securities dealing, investment advice, investment fund or fund management issue?
- If the issue is about the insurer's decision on a claim, please describe briefly what happened or what type of accident it was. If the question is about another dispute or inquiry related to an insurance contract, please explain briefly why and to what extent you are dissatisfied with the contents of the insurance contract or other similar matter, or specify your inquiry in more detail.

If the question is about a banking or securities issue, please explain why and to what extent you are dissatisfied with the operation of the bank, investment service or fund management company. If your concern is related to a particular product, please give its name.

You should give your grounds and own opinion as to why the insurance company, bank, investment service company or fund management company should compensate you and pay what you claim.

In the "Claims" box, you should give details of the costs or expense items you are claiming. Give the claims in terms of euro.

- Due to secrecy provisions, FINE cannot take up a banking, insurance or securities issue, or obtain any information from the bank or insurance company unless you have given your authorisation.
 - The personal ID number is needed for the bank, insurance company, investment service or fund management company to identify your data for their reply.
- The form must be signed by the legally competent customer or the guardian or other person or body acting on behalf of a legally incompetent customer. FINE cannot take up a case without the signature. Please give the dates in the form dd.mm.yyyy.
- 9 If the case concerns, for example, a family member, estate and guardianship, or a company/entity where you are not authorized to sign, you need an authorization from the person or entity on whose behalf you handle the matter (principal). Ask the principal you represent to fill in and sign this contact form and mark you as an agent or attach the authorization form.