

Complaint Form



I hereby request a determination of my complaint as described below.

Name: _____

ICCL Reference No: _____
(if applicable)

Contact Address: _____

Contact Telephone Number: _____

Email Address: _____

Address for correspondence: _____
(if different from above)

Name and Address of Representative (if using): _____

Note:- Letter of Authority to be included _____

Please fill out the following section with as much detail as possible in order to assist the Chief Operations Officer of the Investor Compensation Company DAC to understand your complaint or dispute. Please attach a ny additional sheet(s) if needed and enclose relevant supporting documentation, as required.

Brief Description of Complaint / Dispute:

Approximate date(s) to which Complaint / Dispute relates:

Nature of Resolution being sought:

Signed: _____ **Date:** _____
(By the Complainant)

I consent to any information being disclosed to the representative named above.

Please return this form by e-mail to complaints@investorcompensation.ie