

ANNEX I

First Name(s) and Surname:	
NIE /Passport:	
Address:	
Post Code:	Town:
Province:	Telephone:
Email:	
Date when the events occurred:	
Facts and Reasons:	
Please choose as appropriate how you wish to be informed about receipt of your claim: <input type="checkbox"/> Copy of the form <input type="checkbox"/> Letter <input type="checkbox"/> Email Once the claim is submitted the Complaint Handling Officer will inform the claimant of the steps and measures taken within 20 working days. In the event of non-compliance or dissatisfaction with the resolution provided, the claimant can address their claim to Service Claims of Bank of Spain.	

**All personal data collected will be treated with strict confidentiality and will be incorporated into the database of FFA professionals for the gathering, filing and processing of these details.*

Date:

Signature of the claimant: