

Authorization Form

The undersigned customer/s

Family/Company Name	<input type="text"/>	Address	<input type="text"/>
First Name	<input type="text"/>	Place	<input type="text"/>
Birth date	<input type="text"/>	Phone	<input type="text"/>

has/have a complaint against

Name of the institution	<input type="text"/>
Branch	<input type="text"/>

The complaint is described in the attached letter dated

I/We ask the Swiss Banking Ombudsman to examine my/our request and authorise him to enter into direct contact with the institution and to forward, at his own discretion, letters and documents that I/we provided him with. I/We herewith release the institution from its obligation of confidentiality in its contacts with the Swiss Banking Ombudsman.

I/We took note of the following information: The Swiss Banking Ombudsman does not act as an attorney, but as mediator. Invocation of the Ombudsman does not impede or interrupt legal deadlines such as statute of limitations, forfeiture-, court- or administrative time limits, and it is my/our responsibility that such time limits are respected and adhered to. The Ombudsman scheme is governed by the Rules of Procedure for the Swiss Banking Ombudsman, available on the website bankingombudsman.ch or upon request.

Place	Date	Personal Signature/ Company Signature
_____	_____	_____