

## Complaint or Claim Form (for customers)

### Client identification

*In case of authorization, must be power of attorney signed and verified.*

#### Natural person – requested information:

Name and Surname:

Birth identification number or Date of birth:

No. of the Master contract:

Address of permanent residence:

#### Legal entity or individual entrepreneur - requested information:

Name:

Address:

Identification no.:

No. of the Master contract:

Name and Surname of authorized natural person acting on behalf:

### Subject of the submission

A complaint

A claim

### Description of the fact incl. no. of payment account

**Payment provider's name: BESTPAY Ltd., ID no. 04111648.**  
Address: Purkynova Street no. 74/2, Prague 1- Nove Mesto, ZIP Code CZ: 110 00.  
Registered via City court in Prague / File no. C 242665

Document "Complaint or Claim Form (for customers)", version no.: **2017.01**

Complaint or Claim Form (for customers)

**Date & Place:**

---

*Signature*

**Payment provider's name: BESTPAY Ltd., ID no. 04111648.**  
Address: Purkynova Street no. 74/2, Prague 1- Nove Mesto, ZIP Code CZ: 110 00.  
Registered via City court in Prague / File no. C 242665

**Document "Complaint or Claim Form (for customers)", version no.: 2017.01**