

# **THE CLAIMS CODE**

**(FOR THE CUSTOMERS)**

**NAME OF THE LEGAL ENTITY:** BESTPAY s.r.o.,

**ID no.:** 04111648,

**ADDRESS:** Purkyňova 74/2, Nové město, Praha 1, 110 00 Česká republika

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## 1 Preliminary

This Code of Bestpay, s.r.o. (hereinafter the “Payment institution”) governs the method of communication between the customer or another person (hereinafter the “Client “) and the Payment institution if a Client files a claim or complaint. The Payment Institution is authorized to provide payment service under the license obtained from the Czech National bank and is stipulated in the list of payment providers. Please, see link below:

[http://www.cnb.cz/cs/dohled\\_financni\\_trh/seznamy/](http://www.cnb.cz/cs/dohled_financni_trh/seznamy/)

Payment institution works under license no. 2015/066166/CNB/570.

The purpose of the Claims Code is to specify the essentials of claims, as well as complaints and submission-related procedures and the terms and conditions for resolving them.

The Client submits a claim if he/she believes that the Payment institution has failed to comply with a contractual arrangement or failed to act according to the legal regulations.

The Client can complain either about the form and content of provided information or the way of the Payment institution’s employees act or behave, etc. Claims and complaints are hereinafter referred to as the “Submission “.



Claims and complaints are hereinafter referred to as the “Submission“.

## 2 Essentials of claims and complaints

### 2.1 A Submission must include the following

A Client of the Payment institution can file a Submission as follows:

In writing to the address of the Payment institution. Also, by the phone no. +420 221 501 021; by email: [info@bpay.cz](mailto:info@bpay.cz). Or, by the data mailbox no. raq4rb7 used by the Payment institution.

## **2.2 Requested Client identification**

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

Natural person, we request:

- Name and surname,
- Birth identification number or Date of birth,
- No. of Master contract and
- Address of permanent residence.

An individual-entrepreneur or legal entity, we request:

- Business name and for a legal entity the name/business name,
- Registered office (address),
- Identification number,
- No. of Master contract,
- Name and surname of contact person, who is authorized to act on behalf.

## **2.3 Subject of the submission**

Must contain:

- Description supported by enclosed documentation and other substantiating data (e.g. contractual documentation, copy or confirmation of a payment order, copy of a cash desk receipt etc.),
- Other essentials, as may be required for a specific product or service.

Payment institution is entitled to ask the Client to provide additional data or documentation. If the Client does not do so by the deadline, the Payment institution will handle the Submission according to the delivered data.

## **2.4 Appeal option**

If the Client is not satisfied with the way the Payment institution settles a claim an appeal can be filed, as follows:

- In writing to the address of the Payment institution, or
- Through a web form available [www.bpay.cz](http://www.bpay.cz).

## **2.5 Filing and handling deadlines and response notification**

Submissions must be filed immediately after the Client finds grounds for a claim or complaint, however, no later than within the period set by particular contractual arrangements and legal regulations.

The deadline for dealing with a claim or complaint is 30 days after the Payment institution receives it. The time for correcting or completing the original claim or complaint is not included. If a claim or complaint cannot be decided within this time the Payment institution will notify the Client of the reasonably expected date when it will be.

The Payment institution will inform the Client about settling the Submission in writing, by e-mail, or in another way as agreed with the Client. The Payment institution will bear the costs of handling claims or complaints.

## **2.6 Financial Arbiter**

If a dispute arises according to Law No. 229/2002 Coll.<sup>i</sup> on the Financial Arbiter, as subsequently amended the Client will be entitled to contact the Financial arbiter at the office.

### **Financial Arbiter's office**

Legerova Str. 1581/69

110 00 Praha 1

Phone no.: + 420 257 042 070

E-mail: [arbitr@finarbitr.cz](mailto:arbitr@finarbitr.cz)

ID data mailbox: qr9ab9x

<http://www.finarbitr.cz/cs/>

## **3 Final provision**

This Code is available on the [www.bpay.cz](http://www.bpay.cz)

### **3.1 Annex**

Complaint or Claim Protocol (for customers)

### **3.2 Conclusion**

This Code becomes effective in October 13, 2016.

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<sup>i</sup> See Section 1, Article 1 letter a) and b) of the above mentioned Act.