



Complaint handling pertaining to the Code of Conduct

|   |      |   |             |
|---|------|---|-------------|
| Name of person submitting the complaint   |      |   |             |
| Merchant Business Name  |      |   |             |
| Merchant Number/ID  |      |   |             |
| Merchant Street Address   | City | Province/Territory                                | Postal Code |
| Phone Number:   |      | Email Address                                     |             |
| Name of Acquirer of Record  |      |   |             |
| Date you spoke with our customer service department                               |      | Name of the service representative you spoke with |             |
| The policy element of the Code that the complaint pertains to                     |      |   |             |
| Please provide a summary of your complaint  |      |   |             |
| <b>**Apart from this form, also email or mail applicable supporting documents</b> |      |   |             |