

Swiss Banking Ombudsman
Bahnhofplatz 9
P.O. Box 1818
CH-8021 Zurich
Switzerland

To the Swiss Banking Ombudsman

**The undersigned
Banking customer/s**

▶	Family or Company Name
	First Name
	Birth date
	Address
	Phone

has a complaint against

▶	Name of the Bank
	Branch

concerning

▶	

I/we authorize the Swiss Banking Ombudsman to enter into direct contact with the bank and forward to it, at his own discretion, letters and documents that I/we provided him with. I/we herewith release the bank from its obligation of confidentiality in its contact with the Swiss Banking Ombudsman.

Place

Date

Personal signature/
Company signature