

Annex 1 to the CLEARSHIFT UAB CLIENTS COMPLAINTS SETTLEMENT REGULATIONS

Complaint Form

- 1. In case a Complainant is a Clearshift UAB client - Section I must be completed.**

I. IDENTIFICATION OF THE APPLICANT SUBMITTING THE COMPLAINT

Full Legal name:			
Company registration number:			
Clearshift account number:			
Amount disputed:		Currency:	
		Value date:	
Clearshift Support Case # (if available):			

- 2. In case a Complainant is not a Clearshift UAB client - Section II must be completed.**

II. IN THE CASE OF A COMPLAINT BEING FILED AGAINST A CLEARSHIFT UAB CUSTOMER.

Full Legal name:			
Company registration number:			
Clearshift account number:			
Amount disputed:		Currency:	
		Value date:	
Clearshift Support Case # (if available):			
APPLICANT CONTACT INFORMATION			
Name, Surname/ Legal name:			
Phone:			
Email:			
Residence address:			

PLEASE SELECT THE APPROPRIATE CLAIM TYPE:

TYPE OF CLAIM (please select the appropriate checkbox and fill in the information)

A.

Funds transferred to Clearshift not fully credited to my Clearshift account:		
Sending account details:	Account title	
	Bank name:	
	Branch:	
	Account nr.	
	Date transfer debited to sending account:	(please attach statement from sending Account)
	Account sent to:	(please attach confirmation from sending Financial Institution)

B.

Unauthorized transfer out of account:		
Clearshift Transaction ID:		
Name of account sent to:		
Is there a current or past business relationship with this beneficiary?	<input type="radio"/> Yes	<input type="radio"/> No
Have you been in contact with the receiving party regarding the transfer in question?	<input type="radio"/> Yes	<input type="radio"/> No
Have you requested a refund from the recipient?	<input type="radio"/> Yes (please attach correspondence)	<input type="radio"/> No

C.

Authorized transfer out of account debited but never received by recipient:		
Clearshift Transaction ID:		
Name of account sent to:		
Account number sent to:		
The last time you contacted the receiving party about the transfer?	Date:	<input type="radio"/> Receiving party was not contacted

D.

Funds transfer amount error or account balance calculation error:		
Transfer amount:		
Type of transfer:	<input type="radio"/> Transfer in	<input type="radio"/> Transfer out
Clearshift Transaction ID:		
Amount in Clearshift account:		
Correct amount:		Amount send or received in error:
Balance on date:		
	Correct amount:	
	Clearshift amount:	shown

E.

Incorrect Rates and/ or Fees applied to transaction:	
Clearshift Transaction ID:	
Rate applied:	
Rate that should have been applied:	
Fee charged:	
Fee that should have been charged:	

F.

Other type of complaint:	
Please describe the accident:	

To prove my complaint, I hereby attach the following documents (as applicable):		
1. Documentation of the funds delivered (include any Clearshift confirmation)	Yes	No
2. Any instruction from you to Clearshift regarding the funds in question;	Yes	No

3. Any statement from Clearshift regarding the funds in question;	Yes No
4. Any claim or inquiry submitted to Clearshift and their response	Yes No

Date of Complaint: _____

Signature: _____