



Dispute Resolution Form

Before the Financial Commission can consider your dispute, you need to have complained to the financial services provider and given it an opportunity to resolve your dispute. In most cases, it has 30 days to respond.

Action to date

Have you previously lodged or 'registered' this dispute with us?

- Yes, I have previously lodged or registered this dispute with the Financial Commission. The case number is
- No, this is the first time I have lodged or registered this dispute with the Financial Commission.

Applicant details

This section should be completed with the details of the applicant(s). The applicant is the person who is in dispute with the financial services provider (usually the customer). If the applicant is a company or association, the form must be completed by someone who is authorized to act on behalf of the company or association.

Applicant 1

Applicant 2

First name	<input type="text"/>	Title	<input type="text"/>	Title	<input type="text"/>
Middle initial	<input type="text"/>				
Family name	<input type="text"/>				
Date of birth	<input type="text"/>				
Postal address	<input type="text"/>				
	<input type="text"/>				
			State	<input type="text"/>	Postcode
Mobile	<input type="text"/>	Home phone	<input type="text"/>	<input type="text"/>	
Email	<input type="text"/>	Work phone	<input type="text"/>	<input type="text"/>	
<input type="text"/>					

Are you lodging the dispute on behalf of a business?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Business name	<input type="text"/>		
How many employees did the business have at the time of the event(s) giving rise to the dispute?			<input type="text"/>

Representative details

This section should only be completed if you wish to appoint someone to act on your behalf in dealing with us.

If you appoint an agent or representative, they will be our point of contact and will be sent all correspondence related to your dispute.

The Financial Commission provides a free service. There is no need for an applicant to be represented. Where an applicant chooses to be represented by another party, any cost incurred through this representation will usually be the responsibility of the applicant.

First name		Title	
Last name			
Relationship to you			
Postal address			
		State	Postcode
Daytime phone	()	Fax	()
Email		Ref	

Financial services provider details

Name of the financial services provider you have a dispute with

Have you made a complaint to the financial services provider?

Yes No

If so, when did you complain to the financial services provider?

If your dispute concerns a decision made in relation to an insurance claim, the date recorded here should be the first date you informed the insurer that you are not satisfied with its assessment of the claim, and that you want the decision reviewed.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year		

Since you made a complaint, have you received a written response from the financial services provider explaining its final position in relation to your complaint? (If so, please attach a copy).

Yes No

Dispute details

What sort of issue or service is the dispute about (e.g. trading execution, misleading advertising, platform issue)

Please provide a reference number so that your financial services provider can locate the correct information (e.g. ticket number, account number, complaint reference).

Reference No:

Please tell us what your dispute is about. If you have already written to us about your dispute, please explain which issues have not been resolved. If you require more space, please enclose additional pages with this form.

What do you think is a fair and reasonable resolution to the dispute? If you are seeking payment of a sum of money please provide any relevant calculations of your claim(s).

Has the financial services provider commenced legal proceedings against you in a court?

- Yes No

Special needs

Will you need an interpreter to deal with the Financial Commission? If so, what language?

- Yes No

Language

Will you need any other special assistance (e.g. for a hearing or vision impairment)?

Please specify

Authority

The applicant(s) authorize the Financial Commission, the financial services provider and any representative appointed by the applicant(s) to exchange information about the applicant(s), including any relevant sensitive information, for the purpose of dealing with the dispute. If the Financial Commission determines that it is appropriate to refer the dispute to another dispute resolution service or financial services provider, the applicant(s) authorise the Financial Commission to do this.

For general information on how we deal with information provided to us, our privacy policy can be found at www.financialcommission.org

Our dispute handling process is governed by our Terms of Reference. Our Terms of Reference can be found at www.financialcommission.org

Signature Applicant 1	Signature Applicant 2	Signature Representative
Date	Date	Date

Survey

From time to time the Financial Commission contacts people to ask whether they would like to provide feedback about Financial Commission services. This will help us understand how we can best improve as an organisation. If you do not wish to be contacted by the Financial Commission to provide such feedback, please tick the box below.

I/We do not wish to be contacted by Financial Commission for the purposes of providing feedback

Supporting documents

Please attach copies of all documents you have that relate to your dispute. If your financial services provider has written to you about your dispute, please ensure that you provide a copy of its response.

Once complete please send this Dispute form together with all relevant details, documents and correspondence to:

Email: info@financialcommission.org

Financial Commission
Tower Two, Lippo Centre, 89
Queensway, Admiralty,
Hong Kong

Office Use only

Reference number: