Garanční systém finančního trhu

Týn 639/1

110 00 Praha 1

Complaint Form

for entitled persons to claim deposit compensation

Bank subject to payout:

Name, surname/ Name of the company:

Permanent address / Registered seat:

Date of birth/Birth number/Identification number:

Telephone/e-mail:

Complaint:

Date: Signature:

***Address for sending the Complaint Form:***

Garanční systém finančního trhu, Týn 639/1, 110 00 Praha 1

Fax: +420 237 762 799

E-mail: info@gsft.cz