

## Section A: about you

Our Ref.....

### A.1 Your name and contact details

Surname  Title

First name(s)

Date of Birth 

D	D	M	M	Y	Y	Y	Y
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Address for writing to you (Including your postcode)

Daytime No.  Mobile No.   
Home No.

In case we need to seek clarification on any concerns you have raised what would be the most convenient time to call, time \_\_\_\_\_,

- Mon   
Tues   
Wed   
Thurs   
Fri

A.1a Previous Address, if you lived at a different address when you took out the policy please provide details

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## Section B: about the Sale of the insurance

B.1 What's the account number and start date of the payment protection insurance you're complaining about?

Account number	Insurance Start Date						
<input type="text"/>	D	D	M	M	Y	Y	

B.2 Have you previously made a PPI mis-sell complaint about the above account?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

**B.2a If Yes, do you now want to complain about the non-disclosure of commission when the policy was sold to you?** *NB Any policies that have previously been upheld will be unlikely to be due redress for non-disclosure of commissions.*

Yes	
No	

If you only want to complain about the non-disclosure of commission, you do not need to complete the remaining questions, just complete the declaration on page 6.

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**B.3 How was the insurance sold to you?**

You might have been sold the insurance at a different time to when you took out your loan or credit card

In store	
During a telephone conversation	
You were given a leaflet to fill in	
Over the internet	
By post	
Can't remember	

**B.4 Were you provided with advice or recommended that you take out insurance?**

Yes	
No	
Can't remember	

**B.5 What is the current situation with this insurance?**

The insurance is still running	
The insurance ended when the credit card closed.	
The insurance was cancelled*	

\*If cancelled, please detail why

**B.6 Have you ever made a claim on the payment protection insurance you're complaining about?**

Yes	
No	
Can't remember	

**B.6a If "yes" tell us below why you claimed on the policy (for example, you were made unemployed) and the date of your claim. Also tell us if the insurer turned down your claim.**

Please enclose copies of any paperwork you received from the insurer about this claim

## **Section C : about your personal circumstances**

### **C.1 At the time you took out the payment protection insurance, what was your employment status?**

Employed more than 16hrs a week	
Self-employed more than 16 hrs a week	
Temporary/agency worker	
Not working	
Retired*	
Director of own company	
Student in full time or part time education	
Student working part time, hours worked	
Working fewer than 16 hours a week	
Active Armed Forces	
Not known	
Other	

\*Please provide the date of your retirement:

### **C.2 What was your employment circumstances at the time of the policy being sold to you?**

Your Employer	Your Job title	Employment start date					
		D	D	M	M	Y	Y

### **C.3 Your employer benefits (if applicable)**

It is important that you provide the following information, as we need to understand the level of employee benefits you had at the point of sale.

At the time of sale of the policy, would you have received any pay from your employer if you were off work due to an accident or sickness, or if you were made redundant?

Yes	
No	
Can't remember	

#### **C.3a If "yes" please provide details of the benefits you would receive.**

Sick Pay		Redundancy Pay
What did you receive e.g. full pay/half pay?	Number of months this was paid	Redundancy package provided by your employer, e.g. 1 week per year of service

### **C.4 Your savings**

At the point of sale, did you have any savings?

Yes	
No	
Can't remember	

**C.4a** If yes, please confirm the details below:

Average balance around the time of point of sale	Type of account and any restrictions on withdrawals i.e. Savings bond with 90 days' notice	Sole or joint

**C.5 About any other insurance**

At the point of sale, did you have any other insurance policies?

Yes	
No	
Can't remember	

**C.5a** If yes, please confirm the details below:

Type e.g. accident and sickness, life cover, income protection, critical illness, etc	Restrictions on benefit pay out e.g. 90 day waiting period	How long would the benefit be paid out for e.g. 6 months, until returned to work

**C.6** When you took out the insurance did you have any pre-existing medical conditions?

Yes	
No	

**C.6a** If "yes" can you confirm if this was discussed at the time of sale, when this condition was diagnosed and have you ever been off work because of this condition – and if so when and for how long?

## **Section D : about your complaint**

This page is for you to tell us what happened – when you took out the payment protection insurance.

D.1 Please tell us as much detail as you can remember about:

<b>Where the sale took place – and who you spoke to</b>

<b>The information you were given before you took out the insurance</b>

<b>How the cost, benefits and terms of the insurance were explained to you</b>

<b>The questions you asked before taking out the insurance</b>

Why you decided to take out the insurance

Please tell us why you feel the PPI was mis-sold

Please send us copies of any documents you may have from when you took out the payment protection insurance.

**D.2 If you have any other concerns regarding the sale of your PPI and wish us to consider these please set them out below. Any information or copies of relevant documentation that you are able to supply may assist us in investigating your case. This may include your original account documentation, alternative cover arrangements, and/or bank statements from this time period**

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## **Section E : your declaration**

**I can confirm I want to make a formal complaint about the sale of the payment protection insurance described in this questionnaire.**

**I confirm that all information I have given in this questionnaire is true and accurate to the best of my knowledge.**

\_\_\_\_\_  
**Your name**

\_\_\_\_\_  
**Your signature**

\_\_\_\_\_  
**Date**

**Please tick to confirm you have...**

<input type="checkbox"/>	Included everything you want to tell us about your complaint	
<input type="checkbox"/>	Signed the declaration above	
<input type="checkbox"/>	Enclosed copies of all relevant documents	
<input type="checkbox"/>	Or	
<input type="checkbox"/>	<i>Not</i> enclosed any documents with this form	