

## Section A: About you

### A.1 Your name and contact details

#### Your details

Surname  Title

Forename(s)

Date of birth

#### Details of anyone complaining with you

Surname  Title

Forename(s)

Date of birth

Address for writing to you (including your postcode)

Daytime No.  Mobile No.

Home No.  Email

**In case we need to seek clarification on any concerns you have raised what would be the most convenient time to call, time \_\_\_\_\_, Mon/Tue/Wed/Thur/Fri**

### A.2 If someone is complaining on your behalf (eg a relative or claims manager please give us their details)

Their name  Relationship to you

Address for writing to them (including your postcode)

Their daytime No.  Mobile No.

Home No.  Email

## Section B: About the Sale of the insurance

### B.1 What's the policy type(s)/number(s)/start date(s) of the payment protection insurances you're complaining

Policy	Policy type	Policy number	Insurance Start Date					
1	eg Personal Loan		D	D	M	M	Y	Y
2	eg Credit card Repayment Protector		D	D	M	M	Y	Y
3	eg Mortgage Repayment Protector		D	D	M	M	Y	Y
4	eg Flexiloan Repayment Protector		D	D	M	M	Y	Y

Where dates are not known it will be assumed policy 1 would be the oldest policy through to policy 4 being the most recent. If you have held more than four policies please include additional detail in the boxes for further information, alternatively please include additional sheets of paper.

**B.2 Did the payment protection insurance provide single cover (to cover just you) or Joint cover (to cover you and your partner)**

	Single	Joint
Policy 1		
Policy 2		
Policy 3		
Policy 4		

**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.

	Policy 1	Policy 2	Policy 3	Policy 4
During a meeting/at a branch				
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 our insurance?**

	Policy 1	Policy 2	Policy 3	Policy 4
Yes				
No				
Can't remember				

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

	Policy 1	Policy 2	Policy 3	Policy 4
The insurance is still running				
The insurance ended when the loan ran full term (or when the credit card(s) 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
Policy 1		
Policy 2		
Policy 3		
Policy 4		

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 the money you borrowed

### C.1 What did you buy the payment protection insurance to cover? (Tick where appropriate)

	Policy 1	Policy 2	Policy 3	Policy 4
A Personal Loan				
A Business Loan				
A Credit Card				
A Mortgage				
An Overdraft				
A Store Card				
A loan secured on your home in addition to your mortgage				
Catalogue shopping				
Hire purchase				
Not sure				

### C.2 What was your reason for borrowing the money (or taking out the credit)?

	Policy 1	Policy 2	Policy 3	Policy 4
Refinancing or consolidating other debts				

#### (If so please complete question C.3 below)

	Policy 1	Policy 2	Policy 3	Policy 4
Buying a car				
Paying for home improvements				
Paying for a wedding				
Paying for a holiday				
Non-essential spending (For example, buying a new TV)				
Essential everyday spending (for example, rent, household bills)				
Business loan				
Other, please specify..				

### C.3 If you borrowed the money to pay off other debts, please tell us more about those debts

What were the names of the companies you had other debts with?	Were they credit cards or loans?	What was the purpose of the original lending?	How much did you owe?	When did you take them out?	When did you pay them off?
			£		
			£		
			£		
			£		

## Section D: About your personal circumstances

### D.1 At the time you took out the payment protection insurance, what was your employment status (and your partner's - if relevant)?

	You				Your Partner			
	P1	P2	P3	P4	P1	P2	P3	P4
Employed more than 16hrs								
Self-employed more than 16 hrs								
Temporary/agency worker								
Not working								
Retired								

**D.1 Continued...**

	You				Your Partner			
	P1	P2	P3	P4	P1	P2	P3	P4
Director of own company								
Student in full time or part time education								
Student working part time, hours worked								
Working fewer than 16 hours								
Not known								
Other								

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

Policy	Your Employer	Your Job title	Employment Start Date					
1			D	D	M	M	Y	Y
2			D	D	M	M	Y	Y
3			D	D	M	M	Y	Y
4			D	D	M	M	Y	Y
Policy	Partner's Employer	Partner's Job title	Employment Start Date					
1			D	D	M	M	Y	Y
2			D	D	M	M	Y	Y
3			D	D	M	M	Y	Y
4			D	D	M	M	Y	Y

**D.3 If you hadn't been able to work (because you were ill, in an accident or had been made redundant), would you have had any other way of making your repayments?**

	You				Your Partner			
	P1	P2	P3	P4	P1	P2	P3	P4
Yes								
No								
Can't remember								

If "yes" to any of the above please provide details of any instant access savings, insurance policies held or other cover, for other cover please specify the schedule of payments i.e. full pay for 6 months followed by half pay for 6 months

**D.4 When you took out the insurance did you or your partner have any pre-existing medical conditions?**

	You				Your Partner			
	P1	P2	P3	P4	P1	P2	P3	P4
Yes								
No								

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 E: About your complaint

This page is for you to tell us what happened – when you took out the payment protection insurance. If your complaint is about more than one policy please provide details for each policy complaint.

### E.1 Please tell us as much details as you can remember about

Where the sale took place – and who you spoke to at the financial business	
Policy 1	
Policy 2	
Policy 3	
Policy 4	

The information you were given before you took out the insurance	
Policy 1	
Policy 2	
Policy 3	
Policy 4	

How the cost, benefits and terms of the insurance were explained to you	
Policy 1	
Policy 2	
Policy 3	
Policy 4	

**E.1 Continued...**

<b>The questions you asked before taking out the insurance</b>	
<b>Policy 1</b>	
<b>Policy 2</b>	
<b>Policy 3</b>	
<b>Policy 4</b>	

<b>Why you decided to take out the insurance</b>	
<b>Policy 1</b>	
<b>Policy 2</b>	
<b>Policy 3</b>	
<b>Policy 4</b>	

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

**E.2 If you have any other issues 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 could include your original loan account documentation, alternative cover arrangements, and/or bank statements from this time period**

<b>Policy 1</b>	
<b>Policy 2</b>	
<b>Policy 3</b>	
<b>Policy 4</b>	

## Section F: 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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Partner name

\_\_\_\_\_  
Partner Signature

\_\_\_\_\_  
Date

**You (and your partner, if it's a joint complaint) need to sign here – even if someone else is raising the complaint on your behalf.**

**If someone is complaining for you (eg relative or claims manager). Your signature here means you authorise the person named on page 1 to represent you in this complaint.**

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

	Included everything you want to tell us about your complaint
	Signed the declaration above
	Enclosed copies of all relevant documents
<b>Or</b>	
	<b>NOT</b> enclosed any documents with this form

# Spare Page for additional information