

Complaint Form



Contents

Personal Details 3

Brief Description of your Complaint (Which function, MFSA official you communicated with, supporting documentation, time and date, consequence of administrative shortcoming) 3

When did you first notice the reason for your Complaint? 4

Have you already taken any actions to try to resolve your problem or asked for further clarification? If the answer is in the affirmative, please give details on the action taken. 4

Authorisation to processing of personal data 5

Personal Details

Name:

Surname:

ID Card:

Address:

Phone Number:

Email:

Brief Description of your Complaint (Which function, MFSA official you communicated **with**, supporting documentation, time and date, consequence of administrative shortcoming)

When did you first notice the reason for your Complaint?



Have you already taken any actions to try to resolve your problem or asked for further clarification? If the answer is in the affirmative, please give details on the action taken.



Yes

No

Authorisation to processing of personal data

I consent to the processing of my personal data by the MFSA for the purposes to process a complaint and in accordance with the Complaints Procedure. For further details on how your personal data is being processed, you may refer to the MFSA Data Protection Privacy Notice available on the MFSA webpage (<https://www.mfsa.mt/privacy-notice/>). The MFSA ensures that any processing of personal data is in accordance with Regulation (EU) 2016/679 (General Data Protection Regulation), the Data Protection Act (Chapter 586 of the Laws of Malta) and any other relevant European Union and national law.

Signature*

Date

*Please note that the Form must be printed, signed in original and sent to the MFSA via mail or email. A certified true copy of your valid ID card is to be attached to the signed form.