**FORMAL COMPLAINTS**

**First name and last name (required):**

**Personal number:**

**Company:**

**Organisation number:**

**Address:**

**Postal number:**

**Phone number (required):**

**E-mail address:**

**Date of the dissatisfaction occurred:**

**The event of the dissatisfaction occurred:**

**Tell us what you want to complain about:**

Print this out and mail to:

FinReg Solutions AB

Att: Klagomålsansvarig

Norra Vallgatan 64

212 22 Malmö

Your case will be handled promptly and you will receive a written response back.

Don't forget to attach copies of attachments if available.