



Complaint Submission Form

Please fill in the fields below. All the fields are required to ensure the proper handling of your request:

1. Personal data :

Name:

Surname:

Address:

Telephone:

Mobile number:

E-mail:

In case companies, please write the name of the company and VAT.

Company's name:

Tax Number:



Please, describe your request in detail:

If you act on behalf of another person, please attach the relevant authorization, certified by the Greek authorities.

I affirm, that I am aware of the consequences of the law for providing false information. All information supplied is true and complete and Cepal has the right to verify the data provided.

Signature

DATE

/ /

Cepal Hellas Financial Services Single Member Société Anonyme - Servicing of Receivables from Loans and Credits,
Syngrou Avenue 209-211
P.O 17121, Athens, GREECE
Tel . +30 213 0886600