IPAYLINKS UK LLP

**CUSTOMER COMPLAINT FORM**

Dear Consumer:

Please complete and return the attached complaint form to iPayLinks UK LLP by:

1. using our real-time chat service in <https://www.ipaylinks.com/>; or
2. emailing to [cs@ipaylinks.com](mailto:cs@ipaylinks.com); or
3. writing to us at: Complaints, IPAYLINKS UK LLP, Floor 18 100 Bishopsgate, London, United Kingdom, EC2M 1GT

By providing us with the most complete information, it will help us effectively process your complaint. Please remember to:

* Describe in full the incident or transactions with us.
* Include copies of any materials that may be helpful in the investigation of your complaint.

As soon as possible and by no later than two (2) business days following receipt of your complaint, we will provide you with a written “Acknowledgement” of your complaint. This acknowledgement will either:

1. Respond to your complaint in full; or
2. Indicate that we need further time to properly investigate your complaint and set out when we expect to provide you with a response. In all cases, we will provide a final response no later than thirty-five (35) business days from the date we receive your complaint.

For any additional information, please refer to the Complaint Handling Procedure Summary available on our website: xxxxxxxx

NOTE

iPayLinks UK LLP treats all complaints from all types of customers and potential customers fairly and promptly and in compliance with all laws and regulatory requirements. In doing so, iPayLinks UK LLP will investigate all complaints competently, diligently, and impartially.

**COMPLAINT FORM**

Please type or print clearly in black ink.

|  |  |  |  |
| --- | --- | --- | --- |
| Merchant Number |  | Date (yyyy-mm-dd) |  |
| Company Name |  | Country |  |
| Ms. Mrs. Mr. | | | |
| First Name |  | Last Name |  |
| Street Address |  | | |
| Mailing Address |  | | |
| City |  | State |  |
| Zip Code |  | Country |  |
| E-mail address |  | | |
| Phone number |  | | |
| Are you filing this complaint for someone else? | | Yes | No |
| Name: |  | | |
| Relationship |  | | |

Preferred method of contact:

|  |  |  |
| --- | --- | --- |
| Mail | E-mail | Phone |
| Other (please indicate) |  | |

**COMPLAINT:** *Please type or print clearly in black ink* your specific allegations (complaint) against IPAYLINKS UK LLP. Include copies of all pertinent documents (receipts, statements, etc.). If you need additional space, continue on a separate sheet of paper and attach to this form.