

## Authorization form

The undersigned banking customer/s

Family/Company Name	<input type="text"/>	Address	<input type="text"/>
First Name	<input type="text"/>	Place	<input type="text"/>
Birth date	<input type="text"/>	Phone	<input type="text"/>

has/have a complaint against

Name of the bank	<input type="text"/>
Branch	<input type="text"/>

The complaint is described in the attached letter dated

I/we ask the Swiss Banking Ombudsman to examine my/our request and authorise him to enter into direct contact with the bank and to forward, at his own discretion, letters and documents that I/we provided him with. I/we herewith release the bank from its obligation of confidentiality in its contacts with the Swiss Banking Ombudsman.

I/we took note of the following information: The Swiss Banking Ombudsman does not act as an attorney, but as mediator. Invocation of the Ombudsman does not impede or interrupt legal deadlines such as statute of limitations, forfeiture-, court- or administrative time limits, and it is my/our responsibility that such time limits are respected and adhered to. The Ombudsman scheme is governed by the Rules of Procedure for the Swiss Banking Ombudsman, available on the website [bankingombudsman.ch](http://bankingombudsman.ch) or upon request.

Place	Date	Personal Signature/ Company Signature
_____	_____	_____