Merchant and payer Complaint Application Form

Complaint application form			
Company name - for		Email	
legal entities/			
Name - for natural			
person			
Phone number		Address	
Complaint type		Date of complaint	
Whether to claim		Claim amount	
Description of the Complaint			
Attachment upload (list of documents attached	Please upload a	ttachments when you	send the email.
to the complaint to			
prove the authenticity			
of the complaint)			
I sign and confirm that			
the above complaint is			
true			
Notice:			

1. Please apply in Lithuanian or English;

2. Anonymous complaints are not accepted, please fill in the relevant information truthfully;

3. If the complaint is lodged by the representative of the applicant, the complaint must be accompanied by a valid authorization or other document certifying the right of the representative's powers to lodge a complaint and receive a response from the Company.