

PPI Non-Disclosure of Commission Complaint Form

What is this complaint form for?

This form is intended for consumers who wish to raise a complaint regarding the levels of commission associated with the sale of their Payment Protection Insurance (PPI) policy only and not regarding the mis-sale of the PPI policy.

If you are unsure, or should you want to make a complaint regarding both the mis-sale of the PPI and the non-disclosure of the PPI commission, please refer to the PPI mis-selling complaint section for more details and complete the PPI mis-selling complaint form.

Customer Details

What do I need to do?

- Please complete this form, providing as much information as possible.
- **Fields marked with an * are mandatory and are required to enable us to process your complaint.**
- If you wish to make a complaint about undisclosed commission regarding more than one policy, please complete an individual form for each policy.
- Once complete, please send the form to us by post to PO Box 4760, Maidenhead, SL60 1HU and we will investigate your concerns.

SECTION 1 - Customer Name & Contact Details

1.1. Customer Details - Please enter your details below

Title*	
Surname*	
First Name*	
Middle Name(s)	
Date Of Birth*	
Address - Line 1*	
Line 2*	
Town/City	
Postcode*	
County/Overseas Country	
Daytime Telephone/Mobile*	
Email Address	

1.2. Previous Details - If different from the information stated above, please provide your previous surname and address details that applied at the time you took out the policy.

Previous Surname	
Previous Address - Line 1	
Line 2*	
Town/City	
Postcode*	
County/Overseas Country	

SECTION 2 - Sole or Joint complaint

A joint complaint can be made if more than one person was named on the account / policy. If you select 'Joint' this will mean that the complaint is registered in both parties' names. Please also provide the joint party's details below.

If you select 'Sole' and your account is held in joint names, this may mean that in the event that compensation is due, you may only be redressed proportionally to your liability towards the policy / credit agreement.

2.1. Please select if the complaint is in sole or joint name(s)

Sole

Joint

2.2. Joint Complainant Details

If you have selected 'Joint' in 2.1. please complete the joint party's details in this section

Title*	
Surname*	
First Name*	
Middle Name(s)	
Date Of Birth*	
Address - Line 1*	
Line 2*	
Town/City	
Postcode*	
County/Overseas Country	
Daytime Telephone/Mobile*	
Email Address	

SECTION 3 - Account & Policy Details

Please provide as much information as possible to help us locate your account.

Please note, if we are unable to locate your account information with the details provided then we may contact you for further information in order to process your complaint.

Please select the product which you are complaining about	<input type="checkbox"/> Mortgage	<input type="checkbox"/> Loan
Please confirm the name of your original lender		
When did you take out this product?		
What is the Account Number?		
At any time, have you made a PPI mis-selling complaint on this policy?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What was the outcome of the PPI mis-selling complaint?	<input type="checkbox"/> Payout Received	<input type="checkbox"/> Complaint Rejected
	<input type="checkbox"/> Still Ongoing	<input type="checkbox"/> N/A (no PPI mis-selling complaint was previously raised)

SECTION 4 - Confirmation

- 4.1. Please tick the box to confirm that you understand you are only making a complaint regarding the commission element of your PPI policy and not regarding the sale of the PPI policy. ***
 (If you are unsure, or should you want to make a complaint regarding both the mis-sale of the PPI and the non-disclosure of the PPI commission, please refer to the PPI mis-selling complaint section for more details.)