

ANNEX 1

**Form for claims to the Financial Information Authority
for the settlement of disputes relating to payment services provided by entities carrying out financial
activities on a professional basis**

A. Data of payment service user

1. Natural person

1.1. Personal data (*)

Title _____

Name _____ Surname _____

Place of Birth _____

Date of Birth _____

Nationality _____

ID Code (**) _____

1.2. Contacts (*)

Postal Address _____

Telephone _____

E-mail address _____

2. Moral person

2.1. General Information (*)

Denomination _____

Nature of the subject _____

Country _____

ID Code (***) _____

2.2. Contacts (*)

Postal Address _____

Telephone _____

E-mail address _____

3. Legal Representative of the Moral Person

3.1. General Data (*)

Title _____

Name _____ Surname _____

Place of birth _____

Date of birth _____

Nationality _____

ID Code (***) _____

2.2. Contacts, if other than those of the moral person (*)

Postal Address _____

Telephone _____

E-mail address _____

B. Data of Payment Service Provider

Istituto per le Opere di Religione – IOR
Cortile Sisto V
00120 Città del Vaticano

() Mandatory fields*

*(**) For example, tax identification code, NHS identification code or any other single identification code as set forth by the laws of the country of residence*

*(***) For example, code of registration with registries set forth by the laws of the country of residence*

E. Attachments to the claim

The following documents are attached

1. Copy of the ID card or equivalent (of the claimant or legal representative)
2. Copy of the claim lodged with the payment service provider and any documentation thereof (*)
3. Copy of the decision on the claim by the service payment provider (if any) (*)
4. Any other documents (relating to the subject of the dispute, the subject of the request, the reason of the request, or any other circumstance deemed to be relevant for the purposes of the decision of the Arbitrator) (**)
5. Copy of the ID card or equivalent document of the attorney (***)

F. Preliminary statements for claim admissibility

The following statements are made:

1. A claim has been lodged with the payment service provider, and the person concerned is not satisfied with the outcome of the procedure.
2. A claim has already been lodged with the payment service provider, and no feedback has been received within the deadline of thirty (30) working days of claim receipt.
3. No more than twelve (12) months have elapsed since the lodging of the claim with the payment service provider.
4. The dispute subject of the present claim has not already been submitted to the judicial authority.
5. Forced execution or injunction procedures are not pending on the dispute which makes the subject of the present claim.

G. Authorisation to Personal Data Processing

Personal data processing is authorised for purposes strictly related to this claim.

Place _____

Date _____

Signature _____

() Mandatory attachments*

*(**) Optional attachments*

*(***) Mandatory attachment in case of granting of power of attorney for the presentation of the claim and representation*

H. Power of Attorney for Claim and Representation (not mandatory)

The following person is granted the power of attorney for the presentation of this claim, for the representation and performance of all related and consequent activities.

1. General Information (*)

Title _____

Name _____ Surname _____

Place of Birth _____

Date of Birth _____

Nationality _____

ID Code (**) _____

2. Contacts (*)

Postal Address _____

Telephone _____

E-mail address _____

Please, send all the communications to the representative's contacts

Place _____

Date _____

Signature _____

() Mandatory fields*

*(**) For example, Tax identification code, NHS identification code or any other single identification code set forth by the laws of the country of residence*