

Payment Protection Insurance Policy

Customer Complaint Questionnaire

To help us understand your situation more please complete this questionnaire recalling when you added the Payment Protection Insurance policy to your account. Please complete all sections marked as mandatory as a minimum, this will allow us to trace your Payment Protection Insurance policy.

If you are complaining about the sale of your Payment Protection Insurance policy, please complete questions 1-13 with as much detail as possible to allow us to investigate your complaint fully. If you are unable to recall certain details please let us know, this will not prevent us from investigating your complaint.

If you have already complained about the sale of your Payment Protection Insurance Policy and wish to make a new complaint about an unfair relationship as a result of the amount of undisclosed commission/profit share charged, please complete the "Details about you" section below including any complaint reference you have been provided with previously if known

Once you have completed the questionnaire please return it to the address detailed on our website. We may call you to discuss the information you provide.

Details about you

Name (Mandatory) (If your name has changed since you applied for the credit card, please also provide your previous surnames)	
Current Address including Postcode (Mandatory) (If your address has changed since you applied for the credit card, please also provide your previous addresses with postcodes)	
Date of Birth (Mandatory)	
Complaint Reference Number	
Account Number(s)	
Payment Protection Insurance Start Date	
Why did you decide to take out the PPI policy?	

Why are you unhappy with the PPI policy? (Mandatory)						
Telephone Number(s)	Daytime		Home		Mobile	
Best time(s) to call	Morning		Afternoon		Evening	

Questionnaire – please can you provide your recollections for all questions in the boxes below? (This section does not need to be completed for undisclosed commission complaints)

Please tick the relevant box		Yes	No
1	Did you work for 16 hours or more per week at the time of the sale?		
2	Were you employed or self employed at the time of the sale? Please give details of the name of your employer/your company, how long you had worked there, salary, etc.		
3	Were you told the Payment Protection Insurance policy was optional?		
4	Was the cost of the Payment Protection Insurance policy and how this would be added to your account explained?		
5	What was explained to you about how to cancel the Payment Protection Insurance policy during the term of your account?		

6	What was explained to you about what the Payment Protection Insurance policy did and didn't cover?
7	Did you feel pressured to add the Payment Protection Insurance policy and, if so, why?
8	Do you feel we gave you any advice to add the Payment Protection Insurance policy and, if so, what did we say?
9	Did you suffer from any health problems at or before the time of the sale? Please provide details including date of diagnosis, symptoms, any time off work.
10	If you had any existing cover in place that would have allowed you to make your repayments, such as Income Protection Cover or Accident, Sickness and Unemployment Cover (ASU), please provide full details including the value of the cover you had, how long it would pay out for, etc.
11	If you had any employer benefits in place that would have allowed you to make your repayments, such as sick pay or a redundancy package, please provide full details including the value of the cover you had, how long it would pay out for, etc.

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12	If you had any other means of making your repayment, such as savings or investments, please provide full details including the amount you had, whether they were set aside for a specific purpose, etc.
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13	Is there anything else that you would like to tell us about when you added the Payment Protection Insurance policy to your credit card and why you are unhappy with it? Please detail your complaint points to allow us to investigate your claim.
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Please use this section if you need more space for any of your answers to the questions above
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Signed _____ **Date** _____