THE BANKS ASSOCIATION OF TURKEY
CUSTOMER COMPLAINTS ARBITRATION PANEL
APPLICATION FORM (*)

Please carefully read the Banks Association of Turkey, Customer Complaints Arbitration Panel, Memorandum of Information before filling in the following application form.

If you are signing this application form in the name of and as an attorney/representative of the complainant, you must absolutely submit a copy of your power of attorney or a document proving that you are authorized to act for and on behalf of the complainant. The power of attorney must have been granted via a notary public and must contain authorization to file applications to the Banks Association of Turkey, Customer Complaints Arbitration Panel ("Arbitration Panel"). If such documents are not submitted, your application will not be handled. If you have questions, please contact the Banks Association of Turkey.

Address: Nispetiye Caddesi, Akmerkez B3 Blok Kat 13, 34340 Etiler, Beşiktaş / ISTANBUL
Call Center Telephone Number: 850 222 2 822
Fax: (212) 282 09 46
Electronic Mail Address: hakemheyeti@tbb.org.tr
Internet Website Address: http://www.tbb.org.tr

IF THE APPLICANT IS A NATURAL PERSON, PERSONAL INFORMATION ABOUT THE APPLICANT (PLEASE INSERT IN CAPITAL LETTERS):

NAME AND SURNAME: ……

FATHER'S NAME: ……..

BIRTH PLACE AND DATE: ……..

T.R. IDENTITY NUMBER: …….

ADDRESS: …….
STREET: …… **NO.:** …… **DISTRICT/COUNTY:** …….
CITY: …… **ZIP CODE:** …… **PHONE NUMBER:** …….

FAX: ……. **ELECTRONIC MAIL ADDRESS:** ……
(If you give your electronic mail address, you may inquire and monitor your application through application follow-up system.)

(*): It prepared in reliance upon the Communiqué on Composition and Operation Principles and Procedures of Customer Complaints Arbitration Panel which has become effective on September 1st, 2016.

IF THE APPLICATION IS FILED BY A PROXY OR ATTORNEY, CONTACT INFORMATION OF ATTORNEY / REPRESENTATIVE (PLEASE INSERT IN CAPITAL LETTERS):

NAME AND SURNAME: ……

ADDRESS: …….
STREET: …… **NO.:** …… **DISTRICT/COUNTY:** …….
CITY: …… **ZIP CODE:** …… **PHONE NUMBER:** …….

FAX: ……. **ELECTRONIC MAIL ADDRESS:** ……

COMPLAINED BANK: ……..

DID YOU APPLY TO THE RELEVANT BRANCH / BANK HEAD OFFICES?
YES □ **NO** □ **If your answer is YES, WHEN:** …/…../….

DID YOU RECEIVE AN ANSWER FROM THE RELEVANT BRANCH / BANK HEAD OFFICES? (Complaints which are not escalated to the Arbitration Panel within sixty days following the date of answer or the end of answering time of the Bank head offices or relevant branch are not accepted.)

YES □ **NO** □
If your answer is YES, DATE OF ANSWER OF THE BANK: …/…../….
(Please attach a copy of the answer given by the bank.)

DATE OF OCCURRENCE OF THE EVENT UNDERLYING THE APPLICATION:
…./…../….
(Complaints which are not escalated to the Arbitration Panel within 2 years following the date of occurrence of the transaction or event underlying the application are not accepted.)

HAS THE COMPLAINT EVENT BEEN REFERRED TO COURTS?
(Complaints which have already been referred to courts, the Insurance Arbitration Commission or the Consumer Arbitration Panels are not accepted.)
YES □ **NO** □

IS YOUR APPLICATION RELATED TO A RETAIL OR INDIVIDUAL TRANSACTION?
(Applications arising out of banking transactions which are related to commercial, agricultural, etc. issues and are not retail or individual by nature and which are filed by legal entities are not accepted.)
YES □ **NO** □

IS YOUR APPLICATION RELATED TO A GENERAL MATTER ABOUT BANK PERSONNEL OR ABOUT SERVICES OFFERED BY BANKS?
(Applications related to a general matter about personnel of banks or about products and services offered by banks are not accepted.)
YES □ **NO** □

IS YOUR APPLICATION RELATED TO DECISIONS TAKEN BY A BANK ADJUDGED BANKRUPT OR DECIDED TO BE LIQUIDATED?
(Applications related to decisions taken by a bank adjudged bankrupt or decided to be liquidated are not accepted.)
YES □ **NO** □

IS YOUR APPLICATION RELATED TO ACTS CLASSIFIED AS A CRIME IN THE APPLICABLE LAWS?
(Applications related to acts classified as a crime in the applicable laws are not accepted.)
YES □ **NO** □

IS YOUR APPLICATION RELATED TO TRANSACTIONS WHICH ARE NOT YET EXECUTED?
(Applications related to transactions which are not yet executed are not accepted.)
YES □ **NO** □

IS YOUR APPLICATION RELATED TO A MATTER WHICH HAS ALREADY BEEN REVIEWED AND RESOLVED BY THE ARBITRATION PANEL?
(Applications related to a matter which has already been reviewed and resolved by the Arbitration Panel are not accepted.)
YES □ **NO** □

IS YOUR APPLICATION RELATED TO A MATTER WHICH HAS ALREADY BEEN RESOLVED BY THE BANK?
(Without prejudice to your rights of objection, complaints related to a matter which has already been resolved by the bank are not accepted.)
YES □ **NO** □

IS YOUR APPLICATION RELATED TO A BANK'S CREDITING POLICIES AND CREDIT EVALUATION, MONITORING AND RISK MANAGEMENT PRACTICES?
(Applications related to crediting policies and credit evaluation, monitoring and risk management practices of banks are not accepted.)
YES □ **NO** □

IS YOUR APPLICATION RELATED TO A TRANSACTION WHICH HAS BEEN EXECUTED BY A FOREIGN BRANCH OF THE BANK?
(Applications related to a transaction which has been executed by a foreign branch of banks are not accepted.)
YES □ **NO** □

Please briefly summarize your complaint. It is a must to clarify and concretely describe the underlying transaction and the resulting claims in the complaint form, so as to contain also such information as dates and amounts.

Claims:

(If the underlying transaction and the resulting claims are not clarified and concretely described in the complaint form, additional documents or information may be requested from the applicant. In this case, the period of response to the application will have extended.)

If more space is needed, continue on a separate plain white paper, and send it together with this form.

(Please also fill in the following page of this form.)

Please list below all and any documents believed to be related to your application, and attach them (their photocopies) to this form. State the number of pages of attached documents separately for each of the attachments.

Attached Documents	No. of Pages
1. ……	……
2. ……	……
3. ……	……
4. ……	……
5. ……	……
6. ……	……
7. ……	……
8. ……	……
9. ……	……
10. ……	……

Please sign after reading carefully.

(PLEASE INSERT IN CAPITAL LETTERS.)

STATEMENT:

- I hereby declare and warrant that all information given above are true and accurate.
- I hereby give my consent in advance to disclosure and delivery of my petition for complaint and its attachments to the relevant bank, and to transmission and delivery by the relevant bank to your Association for presentation to the Customer Complaints Arbitration Panel upon demand of all kinds of documents and information regarding my application if and to the extent requested by the Arbitration Panel and/or its secretariat for the sake of examination and assessment of my application.
- I hereby declare and warrant that the complaint presented by me to the Arbitration Panel hereunder is not the subject matter of any application previously filed by me to courts or arbitration on the Consumer Problems Arbitration Panel.
- If, following receipt of the award of the Arbitration Panel, I apply to courts or arbitration on the Consumer Problems Arbitration Panel, I hereby agree and accept to repot the same to the Banks Association of Turkey.

PLACE: …….. **DATE:** …./…../…..

NAME & SURNAME: **SIGNATURE:**

…….. …….