

Grievance form

Name* :

Surname* :

ID / Passport number*:

Contact address: ¹:

TIN:

Contact phone number* :

e-mail¹:

Description*:

Date:

(Full name)

Signature:

* All fields marked with an asterisk (*) are mandatory

Statement on the processing of personal data

COSMOTÉ Payments - Electronic Money Services Single Member SA, collects and processes your personal data submitted through this complaint form, in order to examine your request. All complaints received by COSMOTÉ Payments Single Member SA, as well as documents related to the case, are kept for a minimum period of five (5) years. In the event that you have provided personal data of third parties, you should ensure that you have previously obtained their consent.

For more information about the processing of your personal data and the related rights you have, please read the Personal Data Protection Policy at www.cosmotepayments.gr.

¹ Fill in your contact address or email.