

# first direct

## Consumer Questionnaire

Queue Reference - @fdCPP

### IMPORTANT INFORMATION: PLEASE READ

Please complete this questionnaire, providing as much background as possible so that we can understand why you feel we have failed to meet your requirements with the product or service we provided.

Please sign this form before returning it to us at:

first direct  
40 Wakefield Road  
Leeds  
LS98 1FD

#### 1. Your name and contact details

Surname:  Title:

First name(s):

Date of birth:  /  /   
DD/MM/YYYY

Address for writing to you (including your postcode):

Daytime phone number:  Mobile phone number:   
Including area code

Evening phone number:   
Including area code

Email address:

#### 2. Please provide your sort code and account number

Sort code:    Account number:

#### 3. Please provide the policy number, or a reference to which the complaint relates

**4. How was this product or service sold to you?**

During a phone conversation

Over the Internet

You were given a leaflet to fill in

By post

Can't remember

**5. How did you pay for this product or service?**

The payment debited my bank account

The payment debited my credit card

Not sure

**6. Why did you decide to take out this product or service?**

**7. What do you remember about the sale?**

**8. Have you ever made a claim on the policy?**

Yes

No

**9. Please explain, in your own words, why you are unhappy with this policy**

**10. Are there any additional comments or further information that you consider relevant to your complaint?**

**Your Declaration**

I confirm that all the information I have given in this questionnaire is true and accurate to the best of my knowledge.

Your Name:

Your Signature:

Date: **DD/MM/YYYY**