

OMBUDSMAN COMPLAINT FORM

PART A: PLEASE COMPLETE THIS PART BELOW

Please give your details below:	
Title (Mr./Miss/Mrs./Other):	Surname:
First name:	Middle Name:
Address:	
Occupation:	Date of Birth:
Contact number:	Email:
Sign and date:	

PART B: ABOUT YOUR COMPLAINT

1. When did the action you are complaining about happen?

2. Is this the first time you are making this complaint to the Central Securities Clearing System (CSCS) Plc?

3. What do you wish to complain about? Please tell us:
 - The main points of your complaint
 - What you think CSCS Plc failed to do or did wrong
 - How you have suffered as a result of what happened
 - What result would you like us to achieve for you

To support your case, please tell us what your complaint is about. Include any information you think might help us. Original documents will be copied and returned to you. All information is treated as confidential. If you need more space please use extra pages and attach them to this form.

Please read and sign this declaration

- The information provided here, to the best of my knowledge is correct and accurate.
- I understand that complaints may be resolved either by phone, letter, mail or through other suitable channels.
- I understand that in resolving my complaints, personal details or information may be shared with parties involved and other relevant organizations.
- I understand that you may wish to publish final decisions on your website – with customers’ details removed.
- I understand that you sometimes publish anonymous examples of the cases you look at, you will always keep my information confidential.

Signature

Date

OFFICE OF THE OMBUDSMAN, 2/4 CUSTOM STREET, NSE BUILDING, MARINA LAGOS
Phone Number **+234 (1) 293 2210** E-mail: ombudsman@cscsnigeriaiplc.com