

Complaint Form in relation to SVF Licensees

- Please fill out this form by providing information that can allow us to contact you for clarification or requesting further information where necessary, and enable us to identify the subject matters of your complaint.
- For details about the HKMA's role and procedures for complaint handling, please read "Complaints about SVF Licensees" of the HKMA's website (www.hkma.gov.hk).

Name/Company name*			(Mr/Mrs/Ms*)
Telephone no.		Email Optional)	
Correspondence address (Optional)			
*delete where appropriate.			
. Who are you compla	ining about?		
Name of the licensee		Licensee No.	(6)
Concerned service / product		Contact Person	(if any)
	(if any)		(if any)
	int about?	are not satisfied with:	
Please describe precisely in p		are not satisfied with:	
		are not satisfied with:	
Please describe precisely in p Please describe the incident(It will help us handle your c	point form all the matters you	nt, preferably in chronologica s with relevant information su	al order. Inch as the date, time, place,
Please describe precisely in p Please describe the incident(It will help us handle your c	s) giving rise to your complain	nt, preferably in chronologica s with relevant information su	al order. Ich as the date, time, place,
Please describe precisely in p Please describe the incident(It will help us handle your c	s) giving rise to your complain	nt, preferably in chronologica s with relevant information su	al order. Ich as the date, time, place,
Please describe precisely in p Please describe the incident(It will help us handle your c	s) giving rise to your complain	nt, preferably in chronologica s with relevant information su	al order. ch as the date, time, place,

Transaction		
details:		
(Including tra	ansaction reference number / time / payees / counter	rparts, as appropriate)
Transaction date (dd/mm/yyyy)	Disputed amount (Transaction amount / Loss	s/Fee*)
(If your complaint involves multiple ac *delete where appropriate.	ecounts/transactions, please list them on a separate piece	of paper and attach it to this form.)
Have you lodged a comp	laint with the licensee?	
No Yes	Licensee's complaint reference no. (if yes) (If the licensee has handled your complaint and reacopy of it to this form.)	eplied to you in writing, please att
Consent to disclose your	information and personal data	
I would like the HKMA to consider	der and handle my complaint.	
related to the handling and functions; I understand and agree that by me to third parties (1) including the licensee and/o authorities and law enforcer. I understand that should I w may do so in writing to the HKMA may charge a reasor. I understand that I am not o so on a voluntary basis. If the processing of my complate the proces	ative, please complete the following:	narge of the HKMA's statutory ation and personal data supplied nvestigation of my complaint, t and other relevant regulators, ed by law; onal data held by the HKMA, I the address shown below. The st; and ad personal data and agree to do be are not accurate or complete, (Name)
and Telephone no.	to submit information and to enqu	ire about the progress of my complaint.
*delete where appropriate. Please sign below when you subn copy of the form.	nit the completed form by post, by fax, by hand,	or by emailing us the scanned
Signature	Signature of authorised representative (if applicable)	Date
	ny, the complaint form must be signed by a director or a t in part 5 on behalf of the company and stamped with the	
. 5		

Please submit this completed form and supporting papers in person to the drop box at the concierge desk located in the HKMA lobby or by post:

By Fax: 2887 2234

By Email: SVFComplaintEnquiry@hkma.gov.hk

For enquiries, please call: 2878 1188

Retail Payment Oversight Division Hong Kong Monetary Authority 55th Floor, Two International Finance Centre 8 Finance Street, Central, Hong Kong