WHAT IS THIS QUESTIONNAIRE FOR?
- This questionnaire is for consumers to register a complaint about the sale of payment protection insurance.
- It has been designed by the independent Financial Ombudsman Service.
- The questionnaire asks you for your personal and financial details. These will help the financial business you think is responsible for your complaint to assess your case – and decide if it should pay you compensation.

WHAT DO I NEED TO DO?
- Please fill in the questionnaire, giving as much information as you can. It may take you some time to go through the form and get all your facts together. But with all the information in one place, it should mean your case can then be assessed more quickly.
- Once you have completed the questionnaire, please send it to the financial business that you think is responsible for your complaint. Before you post it, take a photocopy if you can. This will help later on, if you need to refer your complaint to the Financial Ombudsman Service.

section A: about you

A.1 Please give us your name and contact details

<table>
<thead>
<tr>
<th>your name and contact details</th>
<th>details of anyone complaining with you</th>
</tr>
</thead>
<tbody>
<tr>
<td>surname</td>
<td>title</td>
</tr>
<tr>
<td>first name(s)</td>
<td></td>
</tr>
<tr>
<td>date of birth</td>
<td>day  month  year</td>
</tr>
<tr>
<td>address for writing to you</td>
<td>day  month  year</td>
</tr>
<tr>
<td>(include postcode)</td>
<td></td>
</tr>
<tr>
<td>daytime phone</td>
<td>mobile</td>
</tr>
<tr>
<td>home phone</td>
<td>email</td>
</tr>
</tbody>
</table>

A.2 If someone is complaining on your behalf (eg a relative or solicitor) please give us their details

<table>
<thead>
<tr>
<th>their name</th>
<th>relationship to you</th>
</tr>
</thead>
<tbody>
<tr>
<td>address for writing to them</td>
<td></td>
</tr>
<tr>
<td>(include postcode)</td>
<td></td>
</tr>
<tr>
<td>their daytime phone</td>
<td>fax</td>
</tr>
<tr>
<td>their email</td>
<td>ref</td>
</tr>
</tbody>
</table>

A.3 What is the name of the financial business you are complaining about?


A.4 What is the policy number of the payment protection insurance you are complaining about?


section B: about the sale of the insurance

B.1 When did you take out this payment protection insurance?

- [ ] day
- [ ] month
- [ ] year
- [ ] Can’t remember

B.2 Did the payment protection insurance provide either single cover (to cover just you) or joint cover (to cover you and your partner)?

- [ ] Single cover
- [ ] Joint cover

B.3 How was this insurance sold to you?

- [ ] During a meeting
- [ ] During a phone conversation
- [ ] You were given a leaflet to fill in
- [ ] Over the internet
- [ ] By post
- [ ] Can’t remember

B.4 Did the financial business give you advice or recommend that you take out this policy?

- [ ] Yes
- [ ] No
- [ ] Can’t remember

B.5 How did you pay for this insurance?

- [ ] With a one-off single “premium” paid up-front
- [ ] With a “premium” paid each month
- [ ] Not sure

B.6 What is the current situation with this insurance?

- [ ] The insurance is still running
- [ ] The insurance was cancelled early

  *If so, please confirm the cancellation date.*

- [ ] day
- [ ] month
- [ ] year

- [ ] The insurance ended when the loan was paid off (or when the credit-card account was closed)

B.7 Have you ever made a claim on the payment protection insurance you are complaining about?

- [ ] Yes
- [ ] No

*If “Yes”, please give details – including whether the insurance company paid out on the claim or not.*
section C: about the money you borrowed

C.1 What was the payment protection insurance sold to cover you for?

- Loan (personal)
- Mortgage
- Catalogue shopping
- Loan (business)
- Overdraft
- Hire Purchase
- Credit card
- Store card
- Not sure

What was the account number for this?

This number will be different to the insurance policy number you filled in on page 1.

C.2 What did you borrow the money (or take the credit) for?

For example – to purchase a car, for home improvements, for everyday spending, or to pay off other debts. If you borrowed the money to pay off other debts, please give details.

C.3 Have you ever missed payments or gone into arrears on this borrowing?

- Yes
- No

If “Yes”, please give details.
section D: about your personal circumstances

D.1 At the time you took out this insurance, what was your employment status (and your partner’s – where relevant)?

**yourself**
- [ ] Employed
- [ ] Self-employed
- [ ] Not working/unpaid work
- [ ] A director of your own company
- [ ] Agency/temporary worker
- [ ] Working fewer than 16 hours a week
- [ ] Retired
- [ ] Student in full or part-time education

*If so, how many hours are spent in education each week?*

**your partner**
- [ ] Employed
- [ ] Self-employed
- [ ] Not working/unpaid work
- [ ] A director of your own company
- [ ] Agency/temporary worker
- [ ] Working fewer than 16 hours a week
- [ ] Retired
- [ ] Student in full or part-time education

*If so, how many hours are spent in education each week?*

D.2 If your employment status has changed since you took out the insurance, please give details

For example – if you were self-employed, but are now employed.

D.3 What type of work did you do when you took out the payment protection insurance – and what was the name(s) of any employer(s)?

**yourself**

<table>
<thead>
<tr>
<th>Type of work</th>
<th>employer name</th>
</tr>
</thead>
</table>

**your partner**

D.4 How long had you been working there, at the time you took out this insurance?

**yourself**

[ ] years [ ] months

**your partner**

[ ] years [ ] months
D.5 If you were employed at the time you took out the insurance – would you have received any pay from your employer, if you were off work due to an accident or sickness, or if you were made redundant?

<table>
<thead>
<tr>
<th>Yourself</th>
<th>Your Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes*</td>
<td>Yes*</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Can’t remember</td>
<td>Can’t remember</td>
</tr>
<tr>
<td>Not relevant (as you were not employed)</td>
<td>Not relevant (as you were not employed)</td>
</tr>
</tbody>
</table>

*If “Yes”, what pay would you have received from your employer?

D.6 Did you have any other means of making your repayments – if you were unable to work through sickness, accident or unemployment?

For example – this may include savings, other insurance policies, or relying on a relative or friend for help.

<table>
<thead>
<tr>
<th>Yourself</th>
<th>Your Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes*</td>
<td>Yes*</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

*If “Yes”, please give details.

D.7 At the time you took out this insurance, did you or your partner have any health problems or were either of you registered as disabled?

<table>
<thead>
<tr>
<th>Yourself</th>
<th>Your Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes*</td>
<td>Yes*</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

*If “Yes”, please provide details in Section E on the next page.
section E: about your complaint

This page is for you to tell us anything else about your complaint – including what happened when you took out the payment protection insurance.

For example, please tell us any details you remember about:
- Where the sale took place and who you spoke to at the financial business.
- The information you were given before you took out this insurance.
- How the cost, benefits and terms of the insurance were explained to you.
- The questions you asked before taking out this insurance.
- Why you decided to take out this insurance.
- Any changes to your health since you took out the insurance.

If you need more space, please use the spare page at the end of this questionnaire.

Please send us copies of any documents you have from when you took out the payment protection insurance.

And finally, please tell us why you are now unhappy with the insurance?

If you need more space, please use the spare page at the end of this questionnaire.
section F: your declaration

Please read and sign this declaration

“ I confirm that I want to make a formal complaint about the sale of the payment protection insurance described in this questionnaire.

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


signature

date

signature

date

You need to sign, even if someone else is complaining on your behalf. If someone is complaining for you, your signature below means you authorise the person named on page 1 to represent you in this complaint.

© Financial Ombudsman Service, March 2010
The Financial Ombudsman Service owns the copyright to this questionnaire. The questionnaire can be freely copied by third parties involved in bringing or settling financial complaints – as long as no changes are made to the text or graphic design, and provided that clear reference is made to the Financial Ombudsman Service’s ownership of the copyright.
<table>
<thead>
<tr>
<th>question number</th>
<th>your answer</th>
</tr>
</thead>
</table>

Please use this page if you need more space for answering any question.