

FORM TO FILE A COMPLAINT OR CLAIM WITH WORLDWIDE PAYMENT SYSTEMS, S.A.U. CUSTOMER SERVICE.

NOTE: this form is developed in compliance with the requirements of Order ECO/734/2004, of March 11, 2004, on customer service departments and services and the customer ombudsman of financial institutions.

| CLAIMANT'S IDENTIFICATION DATA | | | | | | |
|--|--------------------------|-----|------------------------------------|--|-------|----------------------|
| Tax ID/C.I.F/NIE | IIE NAME/ COMPANY NAME | | FIRST LAST NAME (Only individuals) | | | COND LAST NAME (Only |
| | | | iiiuiviuudis) | | inc | lividuals) |
| REPRESENTATIVE'S IDENTIFICATION DATA (TO BE COMPLETED ONLY WHEN THE FORM IS SUBMITTED THROUGH A | | | | | | |
| REPRESENTATIVE) | | | | | | |
| N.I.F./ C.I.F./NIE NAME AND SURNAME/ COMPANY NAME | | | | | | |
| | | | | | | |
| Please attach on a separate sheet of paper the supporting documentation of the representation | | | | | | |
| ADDRESS FOR NOTIFICATION PURPOSES | | | | | | |
| STREET | | | NUMBER FLOOR STAIRWAY DOOR | | | |
| MUNICIPALITY | ZIP CODE | PRO | VINCE | | COUNT | ·RY |
| PHONE (optional) | MOBILE PHONE (optional) | | | | | |
| Triore (optional) | WOBIEL FITONE (optional) | | | | | |
| OFFICE, DEPARTMENT OR SERVICE IN WHICH THE FACTS THAT ARE THE SUBJECT OF THE COMPLAINT OR CLAIM | | | | | | |
| OCCURRED | | | | | | |
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| REASONS FOR THE COMPLAINT OR CLAIM | | | | | | |
| DESCRIPTION OF THE FACTS ON WHICH THE COMPLAINT OR CLAIM IS BASED AND CLEAR SPECIFICATION OF THE ISSUES ON | | | | | | |
| WHICH IT SEEKS A RULING. | | | | | | |
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| The complainant must provide as an attachment to this form the documentary evidence in his/her possession supporting his/her | | | | | | |
| complaint or claim. | | | | | | |
| PLACE, DATE, SIGNATURE | | | | | | |
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| By signing this form, the claimant assures that he/she is not aware that the subject matter of the complaint or claim is being | | | | | | |
| substantiated through an administrative, arbitration or judicial proceeding. | | | | | | |