

Please complete and return to...

1st Credit Limited
The Omnibus Building
Lesbourne Road
Reigate
Surrey
RH2 7JP

01737 235209
01737 887849

compliance@1stcreditltd.com
www.1stcredit.com

1. Your Details

Account Ref <i>Where applicable</i>	
Your Name <i>Please use block letters</i>	
Address	
Postcode	

2. Third Party Details

If you are completing this form on behalf of someone else (e.g. solicitor, relative), please complete this section.

Your Name <i>Please use block letters</i>	
Address	
Postcode	

At 1st Credit we believe in helping our customers with their financial situation. If you wish to receive free debt advice then please contact either Step Change Debt Charity 0800 138 1111, Christians Against Poverty 01274 760 720 or your local CAB. If you have appointed a third party please pass them this letter or contact them. The letter has been sent directly to you to ensure your prompt receipt. **All calls may be monitored or recorded for training and audit purposes. A copy of our complaints policy is available upon request.** 1st Credit Limited is Registered in England and Wales. Registered Office: The Omnibus Building, Lesbourne Road, Reigate, Surrey, RH2 7JP. Registered No. 3752940.

Authorised and Regulated by the Financial Conduct Authority for accounts formed under the Consumer Credit Act 1974 (amended 2006).

3. Preferred Method of Contact

<p>How would you like us to contact you? Please circle your choice</p>	Telephone / Email
<p>Phone Number Inc. area code</p>	
<p>Email Address</p>	
<p>What is the best time to contact you?</p>	

4. Third Party's Preferred Method of Contact

If you completed section 2 please complete this section.

<p>How would you like us to contact you? Please circle your choice</p>	Telephone / Email
<p>Phone Number Inc. area code</p>	
<p>Email Address</p>	
<p>What is the best time to contact you?</p>	

1. Your Complaint

Please summarise your complaint, including dates and names of employees spoken to if known

How has this affected you?

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2. Declaration

Please provide copies of any available letters and documents.

(Please mark 'X' in one of the boxes below)

- Copies enclosed
- None available

Please read the authorisation below carefully and ensure that both the complainant and their representative sign where appropriate.

AUTHORISATION

- I/We authorise the above named representative to act on my behalf.
- I/We authorise 1st Credit Limited to make contact with me or my representative should they require any further information regarding my complaint.
- I/We authorise 1st Credit Limited to investigate the issues raised in this complaint.
- I/We confirm this is a true statement of events leading up to this complaint.

Signature(s) of Complainant / Account Holder(s)

Signature of Representative

Date: _____



Exceptional

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