

TERRAXIS OMBUDSMAN OFFICE

[Within the meaning of the Swiss Financial Services Act - 15 June 2018 (FinSA)]

MEDIATION REQUEST

(In accordance with Title 5 of FinSA)

1. Name of applicant (Party A)

- Last name, first name or company name :
- Full address :
- Is the applicant
 - The client ?
 - The Financial service provider ?
- Contact person for further communication in relation to the application ?
 - Name :
 - Email :
 - Phone number :

2. Name of the other party (Party B)

- Last name, first name or company name :
- Full address :
- Contact person for further communication in relation to the application?
 - Name :
 - Email :
 - Phone number :

3. Summary of the dispute:



4. Mediation experience

Has applicant already experienced mediation in the past ?

Yes

No

5. Commitment to confidentiality :

By signing this form, the applicant undertakes to respect the strict confidentiality of exchanges and information relating to this dispute.

6. Additional comments:

Place:

Date:

Signature