

## Sonect Complaint Form

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Date: \_\_\_\_  
Name and surname: \_\_\_\_  
Company name: \_\_\_\_  
Personal code / Company number: \_\_\_\_  
E-mail: \_\_\_\_  
Address: \_\_\_\_  
Phone number: \_\_\_\_

Reason for the appeal (Please select 1 or 2):

1. I kindly request to submit information about the service rendered and / or to perform control of the service rendered / service quality
2. I kindly request your assistance related to a refund of payment resulting of from unauthorized / incorrect payment executed using:
- The Sonect Wallet feature in the Sonect App
  - Other

Please fill in if **reason 2** applies

- I performed the financial transaction, however the amount of transaction is incorrect
- I did not get a service / poor quality of the product or the merchant does not respond within 30 days
- I did not perform any financial transaction; it is unknown to me, and I did not authorize any private individual/ legal entity to perform it
- Other (Please specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Transaction date: \_\_\_\_\_

Location of the transaction: \_\_\_\_\_

Transaction amount and currency: \_\_\_\_\_

Planned transaction amount and currency: \_\_\_\_\_

Sonect account number (if applicable): \_\_\_\_\_

Customer's signature: \_\_\_\_\_

Name and Surname: \_\_\_\_\_

Information to be filled by Sonect:\_\_\_\_\_