

Claim

CLAIMANT DETAILS

Full Name: ID / Passport:
Address:
City: Postal Code:
Province:
Country:
Telephone: Landline: Mobile:
Email:

RESPONDENT DETAILS

Company Name: Tax ID / VAT No.:
Trade Name:
Address:
City: Postal Code:
Province:

Telephone: Landline: Mobile:
Email:

DESCRIPTION OF THE ISSUE GIVING RISE TO THE CLAIM:

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EXPECTED SOLUTION:

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DOCUMENTS / EVIDENCE PROVIDED:

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REQUEST: That this document be accepted as duly submitted and that its administrative processing be carried out in accordance with the applicable procedure.

In, on the day of of
Signature: