

Enquiry reference number:
(Office use only)

APPLICATION FORM

Please read the '*Information for Customers*' Guidance document before completing this form.

If you require assistance in completing this form please contact POSTRS on 0207 520 3766 or refer to our website <http://www.POSTRS.org.uk/>

1. POSTAL OPERATOR DETAILS

Which Postal Operator does your claim relate to?

On what date did you first complain to the Postal Operator?

If the Postal Operator gave you a reference number, please enter it here:

On what date did the Postal Operator give you its final response to your complaint?

If the Postal Operator gave you a deadlock number please enter it here:

2. CUSTOMER DETAILS

Please provide your full contact details.

Full name:

Organisation
(if applicable)

Street Address:

Town:

County:

Post code:

E-mail address:

Tel:

If you provide an e-mail address we will send you information by e-mail only.

3. REPRESENTATION

You may elect to have a representative act for you (at your own cost). If you choose to do this, please provide their full contact details.

Full name:

Organisation
(if applicable)

Street Address:

Town:

County:

Post code:

E-mail address:

Tel:

Please sign this declaration if you would like us to communicate directly with your representative.

I hereby give my authority for the above named person to represent me:

Print name (customer): _____

Signature: _____

Date: _____

PLEASE ENSURE YOU SAVE THIS FORM ON YOUR OWN COMPUTER BEFORE SUBMITTING

4. HOW DID YOU FIND OUT ABOUT POSTRS?

How did you hear about POSTRS? Please select one option:

POSTRS Website Postal Operator Ofcom Online Forum Social Media

Other (Please specify)

5. DISPUTE DETAILS

In the space below, please give us the details of your complaint. This information will be sent to the adjudicator assigned to your case so it is important that you provide clear information.

Please ensure that you:

- Provide as much detail as you can;
- Ensure you provide evidence, written or otherwise, that supports your claim;
- Use additional pages if required.

6. REDRESS SOUGHT

Please provide details of the services, compensation or other actions that you would like the adjudicator to direct the Postal Operator to give you.

6.1. Give you a product or service: Yes No

Please provide details of the product and / or service you are seeking:

6.2. Take some action: Yes No

What action would you like the Postal Operator to take?

6.3. Give an apology: Yes No

Please provide details of the apology you are seeking:

6.4. Pay you compensation for the direct loss suffered as a result of you using the relevant product or service: Yes No

The amount you claim here cannot be more than the maximum level of compensation set out in the terms and conditions of the mail product or service you used. You **should** provide evidence to justify the amount you are claiming. If you do not, the adjudicator may not find in your favour. **You cannot change the amount later.**

Amount Claimed:

6.5. Pay you compensation for any stress, anxiety or inconvenience caused by the way the Postal Operator handled your complaint: Yes No

Tick this section if you are claiming for a payment to compensate for any stress, anxiety or inconvenience caused by the Postal Operator failing to keep to its own procedure for handling complaints.

The amount you claim here **cannot be more than £50.00**. You **should** provide evidence to justify the amount you are claiming, and to show that the Postal Operator has not kept to its own procedure for handling complaints. If you do not, the adjudicator may not find in your favour. **You cannot change the amount later.**

Amount Claimed:

7. EVIDENCE

In order to prove your claim you should submit documentation that supports your position. Please tick all the relevant boxes below for each category of supporting evidence you are enclosing with your application. Where possible your evidence should be submitted in chronological order.

- | | |
|--|--|
| <input type="checkbox"/> Receipts for the cost of the product and/or service. | <input type="checkbox"/> Screen shots of the provider's website. |
| <input type="checkbox"/> Letters and/or email communications with the Postal Operator. | <input type="checkbox"/> Screen shots of other websites. |
| <input type="checkbox"/> Photographs. | <input type="checkbox"/> Terms & Conditions of the product or service. |
| <input type="checkbox"/> Price schedules. | <input type="checkbox"/> Video evidence. |
| | <input type="checkbox"/> Other evidence (please specify below) |

As part of the adjudication process, a copy of your application and all submitted evidence will be sent to the communications provider concerned in order that they may respond to the claims you have made and submit their own evidence in defence.

8. CUSTOMER'S DECLARATION

Please read these declarations and tick **all four boxes** to confirm you understand them before signing this form.

- I understand and accept all of the conditions in the 'Information for customers' guide.
- I have read and understood the POSTRS Rules.
- I have tried to resolve this matter through the Postal Operator's own complaints procedure.
- I understand that the adjudicator will make a decision based on the information and evidence provided by the parties.

Now please tick **one** of these two boxes as applicable:

- I enclose, with this form, all the documents I want to use to support my claim.
- I would like POSTRS to contact the postal operator to obtain my documents.

Print name: _____

Your signature: _____

Date: _____

Now submit your application and supporting evidence to us:

By post: POSTRS
70 Fleet Street
London
EC4Y 1EU

By email: info@POSTRS.org.uk

Via the website: www.POSTRS.org.uk

By fax: 0845 1308 117

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