

Formal Complaint Form

Please fill out the following details and return the completed form to the Customer Services Manager.

Complaints@xendpay.com

By post: Xendpay, Level 32, One Canada Square, Canary Wharf, London, E14 5AB

Note: Please read the Complaints Handling Guide before filling the form.

Date: Click here to enter text.
Complainant Details
<input type="radio"/> Xendpay
Full Name: Click here to enter text.
Address : Click here to enter text.
Client No (if applicable): Click here to enter text.
E-mail: Click here to enter text.
Telephone Number: Click here to enter text.
Transaction Details
Deal Number (if applicable): Click here to enter text.
Details of Concern or Complaint
<div style="border: 1px solid black; height: 200px;"></div>