

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 020 7520 3766 or refer to our website www.cedr.com/consumer/postrs

1. POSTAL OPERATOR DETAILS

Which Postal Operator does your claim relate to?

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

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

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

** Please note that for Royal Mail complaints, you should have had a final response from the Postal Review Panel. If you haven't received this, you can contact them at postalreview@royalmail.com or FREEPOST Postal Review Panel. Without this we will not be able to progress your claim.*

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.

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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:

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)

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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.

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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:

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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:

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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.

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

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.

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Now please tick the box below as applicable:

I enclose, with this form, all the documents I want to use to support my claim.

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: postrs@cedr.com

Via the website: www.postrs.org.uk

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