

## Complaint Handling Form for Merchant Complaints Pertaining to the Code of Conduct for the Payment Card Industry in Canada (the "Code")

## **Merchant Information**

| Merchant Business Name  | s Name (   |                | Contact Person |                      |  |
|---|--|----------------|----------------|----------------------|--|
| Merchant Street Address   |  | City           | Province/State | Postal Code/Zip Code |  |
| Phone Number  |  | E-Mail Address |                |                      |  |
| Complaint Information   |  |                |                |                      |  |
| The Policy Element of the Code the complaint relates to:                      |  |                |                |                      |  |
| Element 1: Transparency and Disclosure  |  |                |                | ations<br>ctions     |  |
|   |  |                |                |                      |  |
| Please send the completed form, along with any supporting documents to us by: |  |                |                |                      |  |
| Email   | CodeComplaints@dc-payments.ca  | 1              |                |                      |  |
| Mail  | Digital Commerce Payments Attn: Merchant Acquiring Services – Complaint Team 736 Meridian Road NE Calgary, Alberta |                |                |                      |  |

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