



Complaint's Submission Form

Please fill in the fields below. All the fields are required to ensure the proper handling of your request:

Personal data:

Name:

Surname:

Tax Number:

Address:

Telephone:

Mobile number:

E-mail:

For companies, please write the name of the company and VAT:

Company's name:

Tax Number:



Please, describe your request in detail:

If you act on behalf of another person, please attach the relevant authorization, certified by the Greek authorities.

I affirm, that I am aware of the consequences of the law for providing false information. All information supplied is true and complete and Cepal has the right to verify the data provided.

Signature,

DATE

/ /

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