



CORRESPONDENCE FORM

Data
Matrix

Please attach this form to each letter sent to the FGDR at:

FGDR Address
TSA 3 FGDR electronic conversion centre
Postal Code - city

Customer identification and contact information:

Bank for which this letter is sent to the FGDR:

FGDR file reference at the top of each customer letter sent by the FGDR:

Mr Ms Surname: First name:

Address:

Postal Code: City:

Fixed-line telephone: Mobile telephone:

E-mail address:@.....

Company name (if legal entity):

SIREN/SIRET, Trade Register No. (if legal entity):

Other person representing the customer:

Mr Ms Surname: First name:

Relationship (parent, child, legal guardian, etc.) or role for the claimant (legal representative, etc.):

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Address:

Postal Code: City:

Fixed-line telephone: Mobile telephone:

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E-mail address:@.....

List of documents attached to this letter:

Indicate the list of attached documents and include any other appropriate comments

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