

# RECONSIDERATION REQUEST FORM

You can ask us to reconsider our decision. While we appreciate you may be dissatisfied or disagree with our decision, we generally only change our original decision if:

- We overlooked material information;
- We failed to address material issues you raised;
- We made a material error in analyzing information; or
- You have new material information that we did not previously consider.

You must use this form to request a reconsideration of our decision. We must receive your completed form within 30 days of the date of our letter informing you of our decision. More information about reconsideration requests is available [on our website](#).

## Reconsideration request

Date of our letter informing you of our decision: \_\_\_\_\_

Date of the reconsideration request: \_\_\_\_\_

## Your Information (or information about the primary complainant if you are submitting this request on behalf of someone else)

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street/PO Box/RR: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Case Identification

Firm name: \_\_\_\_\_

Investigator / OBSI staff name: \_\_\_\_\_

## 1. Why do you believe our decision should be reconsidered?

Please give us detailed information on why you believe we:

- overlooked material information;
- failed to address material issues you raised; or
- made a material error in analysing information.

You may attach additional pages as necessary.

## 2. Do you have new documents you want to give us that you believe could change our conclusion? If so, please provide only those documents that were not available during our initial investigation.

**No**

**Yes** (Please submit the documents along with this form.)

If yes, please provide specific reasons with detailed information about why you believe the new documents will change our decision. You may attach additional pages as necessary.

**Please send this completed form to us via email, mail, or fax and include any supporting documentation.**

**Email:**

[reconsiderations@obsi.ca](mailto:reconsiderations@obsi.ca)

**Mail:**

Reconsideration Request  
Ombudsman for Banking Services  
and Investments  
20 Queen St. W., Suite 2400,  
P.O. Box 8  
Toronto, ON M5H 3R3

**Fax:**

1-888-422-2865 (to the attention of  
Reconsideration Request)

Please call us at **1-888-451-4519**  
if you would like help completing this  
form.

OBSI is Canada's national independent dispute resolution service for consumers and small businesses with a complaint they can't resolve with their banking services or investment firm. Our public interest mandate receives regulatory oversight from the Canadian Securities Administrators (for investment-related complaints) and the Financial Consumer Agency of Canada (for banking-related complaints).