



RECONSIDERATION REQUEST FORM

If you disagree with our mandate decision or investigation conclusions, and:

- believe we have failed to consider the issues or information you told us about,
- have new information that you have not previously provided us with, or
- have reason to think our decision is unfair or unreasonable,

you may ask us to reconsider our decision or conclusions using this form.

The reconsideration request must be made using this form and we must receive your completed form within 30 days of the date of our letter informing you of our mandate decision or investigation conclusions.

More information about reconsideration requests is available on our [website](#).

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

First Name: _____ **Last Name:** _____

Street/P.O. Box/RR: _____

City: _____ **Province:** _____

Postal Code: _____ **Country:** _____

Daytime Phone: _____ **Evening Phone:** _____

Email Address: _____

Case Identification

Firm name: _____

Investigator name: _____

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

Please provide specific reasons with detailed information to allow us to understand the basis of your reconsideration request. We appreciate you may be dissatisfied with our decision, however, dissatisfaction in the absence of new information, an oversight, or error will not generally provide a basis for reconsideration. You may attach additional sheets as necessary.

2. Do you have any new documents you want to provide to us that were not submitted with your initial investigation materials that you believe would change our conclusion?

No

Yes (Please attach and submit the documents 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 sheets as necessary.

Please send this completed form to us at the address or fax number below and include any supporting documentation.

Email:

reconsiderations@obsi.ca

Mail:

Reconsideration Request
Ombudsman for Banking Services
and Investments
401 Bay Street, Suite 1505, P.O. Box 5
Toronto, ON M5H 2Y4

Fax:

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

Please call us at 1-888-451-4519 if you would like assistance 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).