



Vars Networks Inc. Complaint Handling Form

Name of person submitting the complaint

Merchant business name

Merchant street address

City

Province/Territory (drop down menu)

Postal code

Phone number

E-mail address

Name of acquirer

Date merchant spoke with acquirer

Name of payment processor

Merchant Number

Name of acquirer representative

The policy element of the Code that the complaint pertains to

Please provide a summary of your complaint

Upload, email or mail supporting documents, if applicable

Complaint handling form for merchant complaints pertaining to the Code