# PRELIMINARY OPT-IN FOR A CLASS ACTION

I have been granted the following overdraft facility:

Instant credit company Write the name of the instant credit company here.

When was the credit taken Choose date 🡪

Name and size of the credit plan Write the name and size of the credit plan here.

I wish to opt in to the group on behalf of which the Finnish Consumer Ombudsman is demanding the reduction of the credit costs of the credit plans in question.

## The debtor’s information

Name Write your name here.

Address Write your address here.

Email address Write your Email address here.

Phone number Write your phone number here.

## Sender information, if different from debtor

Name Write your name here.

Address Write your address here.

Email address Write your email address here.

Phone number Write your phone number here.

I have received notice on Choose date 🡪 , according to which the debt has been transferred to the debt collection agency Write the name of the collection agency..

The creditor or debt collection agency is collecting the debt in a district court

yes  no

I authorize the Consumer Ombudsman to represent myself.

yes

Date and signature

Choose date 🡪 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Write your name in block letters

Fill in the opt-in form, sign it and email it as an attachment to kirjaamo@kkv.fi.   
Use the subject “Preliminary opt-in for a class action”. You can also send it by post   
to Kilpailu- ja kuluttajavirasto PL 5, 00531 HELSINKI.