



PROTOCOL NUMBER:.....  
DATE :...../...../.....

**COMPLAINT FORM**  
**TO THE GAS DISTRIBUTION COMPANY**  
**THESSALONIKI – THESSALY S.A.**

**INDIVIDUAL DATA**

DELIVERY POINT IDENTIFICATION CODE (ΗΚΑΣΠ):.....  
CUSTOMER CODE: .....  
FULL NAME:.....  
ADDRESS:.....No:.....  
CITY:.....PC:.....  
HOME NUMBER:..... MOBILE NUMBER:.....  
WORK NUMBER:.....FAX:.....  
e-mail:.....

**Description:**

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.....  
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.....

Date..... Signature .....

(PERFORATED)

**ACKNOWLEDGMENT RECEIPT OF THE COMPLAINT FORM**

PROTOCOL NUMBER:.....  
DATE :...../...../.....