



**CIF License no. 303/16**

*Regulated by the Cyprus Securities & Exchange Commission*

# **COMPLAINT FORM**

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<b>Full Name:</b>		<b>Account Number:</b>	
<b>Address:</b>			
<b>Post Code:</b>	<b>City:</b>	<b>Country:</b>	
<b>Telephone Number:</b>	<b>Mobile Number:</b>	<b>Email:</b>	

Brief Summary of the Complaint:

Please describe the product or service and/or department and/or employee you are complaining about (*description, supporting evidence, amount/damage and suggested resolving measures*):

*\*(In case additional space is required, please use additional document as appendix of this form)*

*\*\* (Please enclose any relevant documentation/evidence that may help us to handle your complaint.)*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_