16th June 1943, Gladstonos Court No16, Office 101, 3022, Limassol, Cyprus

## COMPLAINTS FORM

In order to formally submit a complaint please complete the below mandatory fields prior to submitting a complaint. Please note that the Data provided by you should be accurate and precise in order to allow the Company to perform a full investigation of your claim and/or complaint.
The Company may request further information and/or clarifications and/or evidence as regards to your complaint.

DATE:

## CLIENT INFORMATION

| Name: |  |
| :--- | :--- |
| Surname: |  |
| ID or Passport Number: |  |
| Country of nationality: |  |
| Legal Entity Name (in case the Client is a legal <br> person): |  |
| Trading Account Number: |  |

## CONTACT DETAILS OF THE CLIENT

| Postal Address: |  |
| :--- | :--- |
| City/Province: |  |
| Code: |  |
| Country: |  |
| Telephone Number: |  |
| Email: |  |
| Please advise your most convenient method of <br> communication: |  |


| Date when the Complaint was created: |  |
| :--- | :--- |
| Employee who offered the services to the Client: |  |

## Description of the Complaint: (use a separate sheet if necessary):

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