

COMPLAINT FORM

	No. of the Form				
Client's Name:					
Account ID:	<u> </u>				
Description:					
 Date:	Signature:				
•	evidence and relevant docu				
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be suitable for all investo whether you understand	ors because you may lose all your inve I how CFD's work and all the risks invol you can afford to take the high risk of Ic	sted capital. Before deciding to ved, by considering your investm	trade, you should consider		
Please read True Tr Risk Disclosure St	•				
Internal Use Only					
Employee	handling	the	complaint:		
Position:					
Date	of		Receipt:		
Date	of		Response:		
Result and Date of	Final Resolution:	,			