



## Client Complaint Reporting Form

Reference No.: .....

### Instructions to Client

- You are kindly requested to duly complete this form providing all relevant requested information, sign and stamp it (as applicable).
  - You can send it to us via email at [infoscm@spotcapitalmarkets.com](mailto:infoscm@spotcapitalmarkets.com) or via fax at: + 357 25 377 117 or via registered post at 319, 28<sup>th</sup> October Street, Kanika Business Center, 2<sup>nd</sup> floor, CY-3105, Limassol (Att: Compliance Department).
  - Kindly note that additional information may be requested in order to further investigate and finally resolve the matter.
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1. Complaint Date:    /    /        (DD/MM/YYYY)
2. Client name:
3. Client account no:
4. E-mail Address:
5. Phone Number:
6. Does your complaint involve a financial loss? Yes o No o
7. If your answer in point 6 is "Yes" kindly provide the estimated amount of loss:
8. Specify the Department and/or Employee (if applicable):

### Kindly provide details in relation to your Complaint:

*Please enclose any other relevant documentation that may help us handle the complaint.*

Name/Capacity: \_\_\_\_\_ Signature: \_\_\_\_\_