**COMPLAINTS FORM**

This is the form you need to fill in if you wish to submit your complaint to CT Capitalltraders Ltd (the “Company”). Please provide complete, up-to-date and accurate information for the proper investigation and evaluation of your complaint by the Company.

Please note that the below Complaint Form is only indicative and not exhaustive. The Company may request further information and/or clarifications and/or evidence as regards your complaint.

**DATE:**

**CLIENT INFORMATION**

Name: Click here to enter text.

Surname: Click here to enter text.

ID or Passport Number: Click here to enter text.

Country of nationality: Click here to enter text.

Legal Entity Name (in case the Client is a legal person): Click here to enter text.

Account Trading Number: Click here to enter text.

**CONTACT DETAILS OF THE CLIENT**

Postal Address: Click here to enter text.

City/Province: Click here to enter text.

Code: Click here to enter text.

Country: Click here to enter text.

Telephone Number: Click here to enter text.

Email:

Please advise your most convenient method of communication: Click here to enter text.

**DETAILS OF THE COMPLAINT**

Date when the Complaint was created: Click here to enter text.

Financial Instrument involved: Click here to enter text.

Amount disputed: Click here to enter text.

Employee who offered the services to the Client: Click here to enter text.

Description of the Complaint: (use a separate sheet if necessary) Click here to enter text.

[ ]  **I hereby certify and confirm that to the best of my knowledge, the information furnished above is true, accurate, correct and complete.**

**FOR OFFICIAL USE ONLY**

Received on: Click here to enter text.

Received by: Click here to enter text.

Assigned to: Click here to enter text.

To reply by: Click here to enter text.