

COMPLAINT FORM

No. of the Form:	
Client's Name:	
Account ID:	
Address:	
Email:	
Description:	
Date:	Signature:
<p><u>Please enclose any evidence and relevant documentation.</u></p> <p>Submit the form to compliance@dawedafx.com or fax at 25212018 or 88 Agias Sophias Street, 3066 Limassol, Cyprus.</p>	
<p>Internal Use Only:</p>	
Employee handling the complaint:	
Position:	
Date of Receipt:	Date of response:
Result and Date of final resolution:	