

CLIENT COMPLAINT FORM



1. INSTRUCTIONS

All contact details are indicated below:

tel: +357 22 02 9002,

fax: +357 22 02 9003

complaints@abris-cee.com

Please complete, sign and send a copy of your Complaint Form by email or fax, acknowledging your awareness of the company's Clients Complaints Policy.

Please enclose together with your Client Complaint Form, any supportive evidence and any other relevant documentation. Please note that the submission of a complaint is free of charge.

Abris-CEE Holdings Limited,

Prodromou & Dimitrakopoulou 2, 5th floor, 1090 Nicosia, Cyprus

2. CLIENT INFORMATION

Mr./ Ms./ or Legal Entity Name

Please Print Name in Full

Address

Contact Phone Number

Fax Number

E-mail Address

3. ACCOUNT INFORMATION/AGREEMENT TYPE

Account Number/Agreement Number

4. DOES YOUR COMPLAINT INVOLVE A PARTICULAR INVESTMENT?

If yes, please provide the name of the security and applicable date in the space provided below.

Name of Security

Operation

Please specify

5. DOES YOUR COMPLAINT INVOLVE A PARTICULAR EMPLOYEE OF THE COMPANY?

Name of Employee



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6. DID YOU SUFFER ANY FINANCIAL LOSS?

Please describe

7. YOUR COOPERATION

Will you be available to speak to the General Manager? Yes No

Will you provide additional documentation? Yes No

8. DESCRIPTION OF COMPLAINT

Please describe

9. YOUR SIGNATURE

Name

Signature

Date

FOR INTERNAL USE BY THE COMPLIANCE OFFICER

Date complaint received

Unique reference number of the complaint

Date of response

Date reported

Result and Date of final resolution