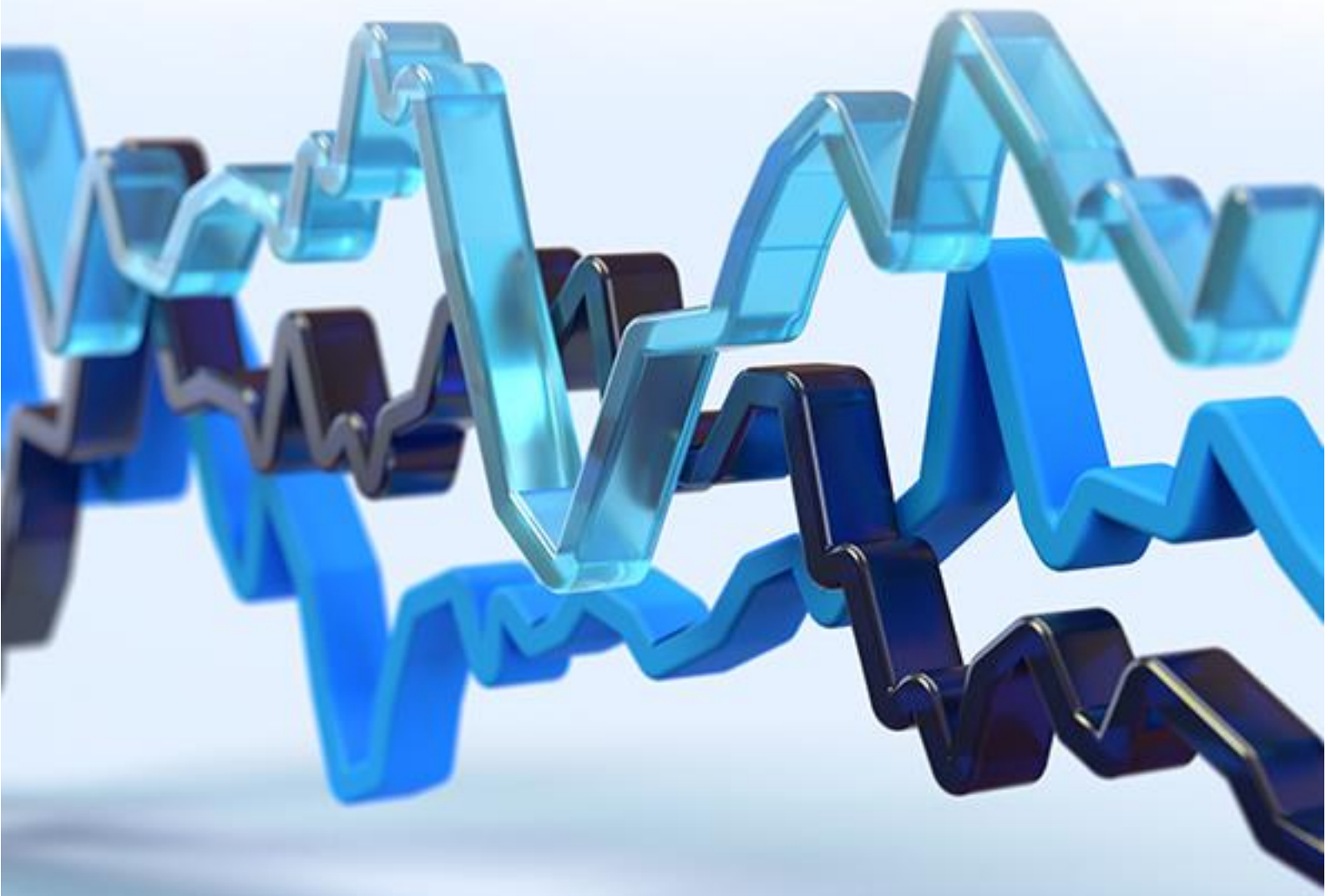


**TotalFX**

# **Complaint Handling Form**





## COMPLAINT FORM

Way of Communication:					Electronically <input type="checkbox"/>	Letter <input type="checkbox"/>
<b>Client details</b>						
Name:			Surname:			
Legal Entity Name:						
Account Number:						
Address:						
Post Code:		City:			Country:	
Telephone Numbers:	Home:	Work:	Mobile:	Fax:		
Email:						
<b>Brief Summary of the complaint</b>						
Description of product or service and/or department and/or employee you are complaining about (description, evidence, magnitude of damage and suggested way to be solved):						
<b>Please enclose any other relevant documentation that may help us to handle the complaint.</b>						
Signature:			Date:			