CAVEO FX

COMPLAINT FORM

A. DETAILS OF THE COMPLAINANT

TITLE (MR/MS/MRS):	
FULL NAME:	
NATIONALITY:	
PASSPORT/ID NUMBER:	
ACCOUNT NUMBER (IF APPLICABLE):	
HOME/BUSINESS ADDRESS:	
TELEPHONE NUMBER:	
EMAIL ADDRESS:	

B.DETAILS OF THE REPRESENTATIVE LODGING THE COMPLAINT ON BEHALF OF THE COMPLAINANT *(IF APPLICABLE)*

TITLE (MR/MS/MRS):	
FULL NAME:	
HOME/BUSINESS ADDRESS:	
TELEPHONE NUMBER:	
EMAIL ADDRESS:	
RELATIONSHIP TO THE COMPLAINANT:	
REASON THE COMPLAINANT CANNOT LODGE THE COMPLAINT THEMSELVES:	

Note: Representative must attach signed written consent from the Complainant authorising them to submit the complaint on their behalf.

IMAD Complex, Office 9, 3rd Floor, Ile Du Port, Mahe, Seychelles

wecare@caveofx.com

C. BRIEF SUMMARY OF THE COMPLAINT

Please describe the product or service you are complaining about (description, evidence, amount and suggested way to be solved):

Please enclose relevant documentation that may help the Company to handle this complaint efficiently. The documentation to be provided by the Client are client's statement, correspondence with the Company and any other supporting documentation to be requested by the Compliance Officer which is relevant to the Client's complaint.

DATE AND PLACE

COMPLAINANT'S SIGNATURE