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CUSTOMER COMPLAINTS FORM

Dear Client!

You are kindly requested to complete this form providing all relevant requested information, sign and stamp it (as applicable). You can return it to us via an email at compliance@grandissecurities.com.cy or via registered post at 73 Makarios Avenue and 1 Methonis Street, Methonis Tower, 6th Floor CY-1070, Nicosia, Cyprus. (Attn.: Compliance Department).

Kindly note that additional information may be requested in order to further investigate and finally resolve the matter.

CLIENT INFORMATION		
Complaint Date (DD/MM/YYYY):		
Client name:		
Client account no:		
E-mail Address:		
Phone Number:		
DESCRIPTION OF THE COMPLAINT		
Does your complaint involve a financial loss?	Yes <input type="checkbox"/> kindly provide the estimated amount of loss:	No <input type="checkbox"/>
SIGNATURE		
Signature:		
Capacity:		
Date:		
For internal use		
Complain number:		
Date received:		

► Please enclose any other relevant documentation that may enable us to handle and resolve the complaint.