

CLIENT COMPLAINT FORM

Please use this Form to file a Complaint with Liteforex (Europe) Limited.

We require a written **Complaint** from the owner of the account(s) in question, indicating the subject of the complaint, the issues involved and specific information regarding times, dates and events. While an individual may file a **Complaint** on behalf of someone else, we require written authorization from the owner of the account(s) in order to proceed with our review of the **Complaint**. Receipt of your **Complaint** will be acknowledged and if further information is required, we will contact you.

1. CLIENT INFORMATION	
Mr./Mrs./Ms./Miss/Dr.	
Address:	
	Postal Code:
Telephone: (+)	Fax Number: (+)
E-Mail Address:	
Preferred Time and Telephone Number to be contact	ted:
2. ACCOUNT INFORMATION	
Account Type:	Account Number:
Does your complaint involve a particular order?	
If YES , please provide the following information below:	
Order Number:	Trade Date/Time:
3. COMPLAINT SUMMARY	
Please provide a complete chronological summary of you be requested from you later in the Complaint Process.	r Complaint . Attach additional pages as required. Further details ma
Signature:	
FOR INTERNAL USE:	
Present Form has been received by:	
Signature:	Date:
Unique Reference Number*: UW	*The Unique Reference Number must be consisted of ten digits: first tw
	are a TRS Code of the Company, i.e. "UW". The following four digits defin
	the year. The last four digits denote the serial number of each complain

Claims that do not contain data such as the Client's name or address shall be classified as anonymous and left without any further consideration.