

COMPLAINT FORM

IDENTIFICATION / CONTACT DETAILS

Title: Mr/Ms/Mrs	First Name	Middle Name	Last Name
Legal name of the Company/Account/Fund:			
Nr.	Address:		
City	Province	Country	
Daytime Phone		Alternate Phone	
Fax		Email	
Contact details of the second complainant (<i>if applicable</i>):			
Please provide the name under which the complainant is listed under the shareholders' register or the name of the financial advisory/broker where applicable:			

DESCRIPTION

- I. Impacted Funds/Accounts:

- II. Please describe hereunder the complaint's rationale in as much detail as possible (e.g. date, significant events, etc.) :

- III. Please join all the relevant supporting documents related to your complaint (e.g. correspondences, copies of contracts, etc.)

Signed on,

Plaintiff(s) signature