

# COMPLAINT FORM

## IDENTIFICATION / CONTACT DETAILS

<b>Title:</b> Mr/Ms/Mrs	<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
<b>Legal name of the Company/Account/Fund:</b>			
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