

CUSTOMER COMPLAINT FORM

1. Client data (below referred as to: „Customer“)	
Surname	Given name
Address	Phone number
E-Mail	Account number

2. Details of your complaint	
Which product relates to your complaint?	
Cause for your complaint	
What is your expectation?	
If you want to complain about an order execution, please fill in following boxes:	
Order ID	
Date and Time (CET)	
Number of shares traded	

The customer hereby requests the examination of the above-mentioned facts. Varengold Bank AG will examine the facts after receipt of this form and give a timely response to the complaint.

Place / Date

First and Last name

Signature of the client

