

**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?	
<b>If you want to complain about an order execution, please fill in following boxes:</b>	
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

