

Client Complaints Form

This is the form you need to fill in if you wish to submit your complaint to The First Interstellar Capital Limited. Complete, up-to-date as well as accurate information is required to be provided to the Company for the proper investigation and evaluation of your complaint.

Please note that the below Complaint Form is only indicative and not exhaustive. The Company may request further information and/or clarifications and/or evidence as regards your complaint.

DATE:

CLIENT INFORMATION

Name:

Surname:

ID or Passport Number:

Country of nationality:

Legal Entity Name (in case the Client is a legal person):

Account Number:

CONTACT DETAILS OF THE CLIENT

Postal Address:

City/Province:

Code:

Country:

Telephone Number:

Email:

DETAILS OF THE COMPLAINT

Date when the Complaint was created:

Employee who offered the services to the Client (if applicable):

Description of the Complaint: (use a separate sheet if necessary)

I hereby certify and confirm that to the best of my knowledge, the information furnished above is true, accurate, correct and complete.

Signature

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For Official Use Only	
Received on:	Assigned to:
Received by:	Signature