

## COMPLAINT FORM

Client's Name: \_\_\_\_\_

Account ID: \_\_\_\_\_

Address: \_\_\_\_\_

Brief Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please enclose any evidence and relevant documentation.

Submit the form to [complaints@wisetrader.com](mailto:complaints@wisetrader.com) or fax at +357 25123326

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### Internal Use Only

Employee handling the complaint: \_\_\_\_\_

Date of Receipt: \_\_\_\_\_ Date of response: \_\_\_\_\_

Result and Date of final resolution:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_