



Regulated by the Cyprus Securities and Exchange Commission CIF: 003/03

COMPLAINT FORM

Date:.....

Name/Surname:.....

Identity Card number / Passport number:.....

Profession:

Legal Persons' name:.....

Name of Legal Person's representative / Contact person:

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Telephone:.....

E-Mail:.....

Address:.....

Contact by: Telephone **E-Mail** **By Post**.....

DESCRIPTION OF COMPLAINT

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Signature