

Complaint Form

Appendix A

Name, last name: Wallet ID: Client ID: Transaction No: Registered address: Phone number: Email address: Complaint (date, time and detailed description) Signature/Authorized signatory: Date: Name, last name Signature:	Complainant (natural persor	n)		
Client ID: Transaction No: Registered address: Phone number: Email address: Complaint (date, time and detailed description) Signature/Authorized signatory:	Name, last name:			
Transaction No: Registered address: Phone number: Email address: Complaint (date, time and detailed description) Signature/Authorized signatory:	Wallet ID:			
Registered address: Phone number: Email address: Complaint (date, time and detailed description) Signature/Authorized signatory:	Client ID:			
Phone number: Email address: Complaint (date, time and detailed description) Signature/Authorized signatory:	Transaction No:			
Email address: Complaint (date, time and detailed description) Signature/Authorized signatory:	Registered address:			
Complaint (date, time and detailed description) Signature/Authorized signatory:	Phone number:			
Signature/Authorized signatory:	Email address:			
	Complaint (date, time and detailed description)			
Date: Name, last name Signature:	Signature/Authorized signatory:			
Jagria cure.	Date:	Name last name	Signature:	
	<u></u>	rvarie, last riame		
Nec Pay only Received by				
Received by:	neceived by:			
Date: Name, last name Signature:	Date:	Name, last name	Signature:	