



## TopFX Complaint Handling Form

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## COMPLAINT FORM

Way of Communication:		Electronically <input type="checkbox"/>	Letter <input type="checkbox"/>
<b>Client details</b>			
Name:		Surname:	
Legal Entity Name:			
Account Number:			
Address:			
Post Code:	City:	Country:	
Telephone Numbers:	Home:	Work:	Mobile: Fax:
Email:			
<b>Brief Summary of the complaint</b>			
Description of product or service and/or department and/or employee you are complaining about (description, evidence, magnitude of damage and suggested way to be solved):			
<b>Please enclose any other relevant documentation that may help us to handle the complaint.</b>			
Signature:		Date:	