



TOPFX COMPLAINT HANDLING FORM

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COMPLAINT FORM

Way of Communication:		Electronically <input type="checkbox"/>		Letter <input type="checkbox"/>	
Client details					
Name:			Surname:		
Legal Entity Name:					
Account Number:					
Address:					
Post Code:		City:		Country:	
Telephone Numbers:	Home:	Work:	Mobile:	Fax:	
Email:					
Brief Summary of the complaint 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):					
Please enclose any other relevant documentation that may help us to handle the complaint.					
Signature:			Date:		