

COMPLAINT FORM

Client Name:

Account

Number ID:

Residential

Address:

Telephone

Number:

Date & Time the disputed situation arose:	
Services provided by the Company:	
Employee responsible for the provision of those services:	
Department where the employee belongs:	
Affected transactions:	
The ID's of the affected positions:	
Equity before:	
Equity after:	

BDS LTD

Claimed magnitude of damage:	
Suggested way to be resolved:	

Brief Description of the Complaint:

Date: _____

Signature:

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Please enclose any relevant evidence and supporting documentation such as: screenshots, reports, error messages and error codes (if any)

Submit the form to complaints@bdswiss.com

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Complaint Registration Form (For Internal Use)

Complaint received by: _____

Employee handling the complaint: _____

Date of Receipt: _____

Date initial response: _____

Action taken by the Company:

Result and Date of final response: _____

Head of Back Office Department signature: _____

Head of Compliance Department signature: _____

Senior Management signature