



COMPLAINT FORM

CLIENT DETAILS	
Trading Account Number:	
First Name:	
Last Name:	
ID/Passport Number:	
Nationality:	
Email:	
Phone Number:	
Residential address:	
DETAILS OF YOUR COMPLAINT	
Name of the contact person(s) of Caps Solutions Ltd at the time of your complaint:	
Email of the contact person(s) of Caps Solutions Ltd at the time of your complaint:	
When did the issue that you are complaining about take place (please provide date)?	
Have you reported your complaint to any authority?	



Summary of Complaint (Please specify disputed amount, if any, and include details that will facilitate the investigation of your complaint):

CLIENT SIGNATURE:

PLEASE ATTACH SUPPORTING EVIDENCE THAT WILL FACILITATE THE COMPANY'S INVESTIGATION OF YOUR COMPLAINT