

FILING OF A COMPLAINT

(to be sent by the client to the crypto-asset service provider)

1.a. Information about the complainant
Last name:
First name:
National Registration or ID number:
Legal Entity Identifier (if available):
Client reference (if available):
Address (street, number, floor):
Postcode:
City:
Country:
Telephone:
Email address:



1.b. Contact details (if different from 1.a)
Last name:
First name:
Address (street, number, floor):
Postcode:
City:
Country:
Telephone:
Email address:
2.a. Information about the legal representative (if applicable) (a power of attorney o other official document as proof of the appointment of the representative to be provided as an attachment to this form)
Last name:
First name:
Address (street, number, floor):
Postcode:



City:
Country:
Telephone:
Email address:
2.b. Contact details (if different from 2.a) Last name:
First name:
Address: street, number, floor:
Postcode:
City:
Country:
Telephone:
Email:



3. Information about the complaint

name of the		to which the complaint relates (i.e. pto-asset service reference number ns)		
3.b. Descript	tion of the complaint's subject-m	atter		
Please provid	le any documentation supporting t	he facts mentioned.		
3.c. Date(s) of the facts that have led to the complaint				
3.d. Description of damage, loss or detriment caused (where relevant)				
3.e. Other co	mments or relevant information	(where relevant)		
Place,	Date	SIGNATURE		



COMPLAINANT/LEGAL REPRESENTATIVE OF THE COMPLAINANT

Documentation provided (please check the appropriate box):
Power of attorney/other official document as proof of the appointment of the representative \square
Copy of the contractual documents of the investments to which the complaint relates \square
Other documents supporting the complaint: