

INVESTOR PROTECTION COMPLAINT REGARDING CIFS

COMPLAINT REGARDING CIFS

This is the form you need to fill in, if you wish for the Department of Market Surveillance and Investigations to look into your complaint.

Please note that in order to be eligible to submit the current form, you must have already filed a complaint to the CIF and your complaint/issue has not been resolved.

Fields marked with a star (*) are mandatory.

YOUR DETAILS

Title*:	<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Miss <input type="radio"/> Sir <input type="radio"/> Dr.
Surname*:	<input type="text"/>
Name*:	<input type="text"/>
ID/Passport No.*:	<input type="text"/>
Address for correspondence (include postcode)*:	<input type="text"/>
Country of residence:	<input type="text" value="(select country)"/>
E-Mail Address*:	<input type="text"/>
Mobile phone number*:	+ <input type="text"/> <input type="text"/>
Home/Work phone number:	+ <input type="text"/> <input type="text"/>

DETAILS OF THE CIF THAT YOU ARE COMPLAINING ABOUT

Name of the CIF*:	<input type="text" value="(select CIF from the list)"/>
Full Names of the person/s you have contacted at the CIF*:	<input type="text"/>
CIF Address*:	<input type="text"/>
CIF Postal Code:	<input type="text"/>
CIF Website*:	<input type="text"/>
CIF E-Mail*:	<input type="text"/>
CIF Phone Number*:	+ <input type="text"/> <input type="text"/>
Your account number*:	<input type="text"/>

Attach to the current form all the documents and details of all communication exchanged between you and the CIF concerning your complaint.

SUMMARY OF YOUR COMPLAINT*

Complaint's Cause:	<input type="text" value="(please select)"/>
Complaint's Cause (Other) * only in case you selected 'Other' from above:	<input type="text"/>
Financial Instrument:	<input type="text" value="(please select)"/>
Financial Instrument (Other) * only in case you selected 'Other' from above:	<input type="text"/>
Complain Summary:	<input type="text"/>

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**ADDITIONAL INFORMATION**

When did the advice, transaction or poor service that you are complaining about take place?:

When did you first notice that there might be a problem?:

When did you first complain to the CIF?*:

Has the CIF sent you its final decision on your complaint in writing?: Yes No

If you have answered YES, please send us a copy of the final response letter from the CIF: Upload: No file selected.

Have there been any court/tribunal/arbitration proceedings relating to your complaint – or are any court/tribunal/arbitration proceedings planned?: Yes No

If you have answered YES, please give details here:

ATTACHMENTS (ATTACH RELEVANT DOCUMENTS)

The Submission of the relevant documentation along with your consent given to the Commission to use, the said documentation at its discretion are necessary for the further examination of your complaint.

Document 1:	Upload: <input type="button" value="Browse..."/> No file selected.
Document 2:	Upload: <input type="button" value="Browse..."/> No file selected.
Document 3:	Upload: <input type="button" value="Browse..."/> No file selected.
Document 4:	Upload: <input type="button" value="Browse..."/> No file selected.
Document 5:	Upload: <input type="button" value="Browse..."/> No file selected.
Document 6:	Upload: <input type="button" value="Browse..."/> No file selected.
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Document 8:	Upload: <input type="button" value="Browse..."/> No file selected.
Document 9:	Upload: <input type="button" value="Browse..."/> No file selected.
Document 10:	Upload: <input type="button" value="Browse..."/> No file selected.

AUTHORIZATION GRANTED TO CYSEC'S DEPARTMENT OF MARKET SURVEILLANCE AND INVESTIGATIONS

I hereby authorise CySEC's Department of Market Surveillance and Investigations to consider my complaint
Click to declare that you agree with the statements below.

The CySEC has my authorisation to contact the CIF, with which I have a dispute, and to request copies of any documentation relating to my complaint, as well as to request them to give their views on the matter*: I Agree

The information/documentation/communication submitted to the Commission will be forwarded to the CIF with which I have a dispute*: I Agree

The CySEC has my authorisation to share the information/documentation relating to my complaint with other local or foreign regulatory and other authorities when deemed necessary: I Agree

CySEC will need to handle personal details about me, which could include sensitive information in order to deal with my complaint effectively*: I Agree

I understand that the submission of the aforementioned information/ documentation/ communication and my consent given to the Commission to contact directly the CIF, with which I have a dispute, are necessary for the further examination of my complaint*: I Agree

I understand that the CySEC has no authority to force a CIF to make any payments to me*:

I Agree

I hereby certify and confirm that to the best of my knowledge and belief, the aforementioned information is true, accurate, correct and complete*:

I Agree

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