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CLIENT'S COMPLAINTS FORM

The Client: _____

Account Number: _____

Date of complaint: _____

The details of the complaint (Full description):

The extent in financial terms of potential loss that the client has suffered: _____

On behalf of Mexem LTD.

Employee of Mexem Ltd. : _____

The department of relevant employee : _____

Administration/Back office Department : _____

The date of receipt of the complaint: _____