

COMPLAINT FORM

Client ID

Client name

PIN / TIN

ID Number

Address

Telephone

Email address

Description of the issue

*(in case of a trade related complaint, please include:
transaction number, instrument & amount)*

Enclosure(s)

How would you like us to send you the answer:

- via email
- by fax
- by post

Date and place

Client's signature

Filled by the investment company

Date and time of receipt

Officer's name

Officer's signature

PLEASE SEND THE COMPLETED FORM VIA EMAIL TO: OPERATIONS@SASACAPITAL.COM

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