

COMPLAINT FORM

In order to formally submit a complaint, please complete the below mandatory fields:

Please note that the Data provided by you, must be accurate and precise in order to allow the Company to perform a full investigation of your claim and/or complaint.

The Company may request further information and/or clarifications and/or evidence as regards to the submitted complaint.

A. CLIENT INFORMATION

Full Name:	
ID or Passport Number:	
Country of nationality:	
Legal Entity Name (in case the Client is a legal person):	
Trading Account Number:	

B. CONTACT DETAILS OF THE CLIENT

Postal Address:	
Country:	
Telephone Number:	
Email:	
Please advise your most convenient method of communication:	

C. DETAILS OF THE COMPLAINT

Date when the Complaint was created:	
Employee who offered the services to the Client:	

Alvexo is the brand name of HSN Capital Group Ltd which is supervised and regulated by the Financial Services Authority (FSA) of Seychelles under the License Number SD030 and Company Registration Number 8422417-1, located at HIS Building, Office 5, Providence, Mahe, Seychelles.

Description of the Claim and/or Complaint: Please describe briefly the product and/or service you are dissatisfied with.

Please enclose any other relevant documentation that may help us to investigate the complaint.

_____ **Date and Place**

_____ **Client Signature**