

\_\_\_\_\_,  
(city)

\_\_\_\_\_,  
(date)

## COMPLAINT FORM

### PERSON FILING THE COMPLAINT:

Name:	
Surname:	
E-mail:	

Person to whom the brokerage service is provided:

- as above,
- the service is provided to another person.

Is the complaint in a given case submitted for the first time, or is it an appeal against a previous decision of OANDA TMS?

- complaint submitted for the first time,  appeal.

### COMPLAINT TYPE *(please select one answer):*

- Complaint about brokerage activities (execution of orders, keeping records or cash accounts investment advice, general recommendations).

<p>Activity against which the complaint is filed:</p> <ul style="list-style-type: none"><li><input type="radio"/> Execution of orders,</li><li><input type="radio"/> Keeping records or cash accounts,</li><li><input type="radio"/> Investment advice,</li><li><input type="radio"/> General recommendations.</li></ul> <p>Description:</p> <div style="border: 1px solid black; height: 200px; width: 100%;"></div>
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Expected consideration:

- Reservation on the activities of OANDA TMS not directly related to the brokerage activity

Description:

Expected consideration:

#### HOW TO DELIVER THE ANSWER:

I declare that I want to receive a response to the complaint:

- To the e-mail address indicated in the Customer Data Card
- By registered mail to the correspondence address indicated in the Customer Data Card
- In a different way (*please specify in which*):