
(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 TMS Brokers?

- complaint submitted for the first time, appeal.

COMPLAINT TYPE *(please select one answer):*

- Complaint about brokerage activities (execution of orders, acceptance and transmission of orders, keeping records or cash accounts investment advice, general recommendations, asset management),

Activity against which the complaint is filed:

- Execution of orders,
- Acceptance and transmission of orders, Keeping records or cash accounts, Investment advice, General recommendations, Asset Management,

Description:

Expected consideration:

- Reservation on the activities of TMS Brokers 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*):

OANDA TMS Brokers S.A. (dawniej: Dom Maklerski TMS Brokers S.A.) Złote Tarasy (Budynek Skylight),
ul. Złota 59, 00-120 Warszawa tel. (22) 27 66 200, fax (22) 27 66 202, dommaklerski@tms.pl, www.tms.pl

OANDA TMS Brokers podlega nadzorowi Komisji Nadzoru Finansowego. Spółka zarejestrowana przez Sąd Rejonowy
m.st. Warszawy w Warszawie, XII Wydział Gospodarczy Krajowego Rejestru Sądowego pod numerem KRS 0000204776
Kapitał zakładowy: 3.537.560 zł, kapitał wpłacony: 3.537.560 zł, NIP: 526-27-59-131, REGON: 015715078