

Complaint Form

Complainant (natural person)

Name, last name:	
Wallet ID:	
Residential address:	
Phone number:	
Email address:	

Complainant (legal entity)

Name:	
Wallet ID:	
Incorporation number:	
Registered address:	
Business address:	
Authorized representative:	
Website:	
Phone number:	
Email:	

Complaint (date, time and detailed description)

--

Signature/Authorized signatory:

Date: _____ Full Name _____ Signature: _____

Internal Use only

Received by:

Date: _____ Full Name _____ Signature: _____