

Customer Complaint Form

ASPIDE FINANCIAL LIMITED is committed to handle reasonably and promptly any complaints, disputes or grievances received by its Clients. In case you are dissatisfied with our services, you may communicate this to us by completing this form and submitting to us to the following email address: complaints@probusfx.com

Handling your Complaint:

Rest assured that your complaint will be handled with the highest professionalism by our Compliance Department and in line with the provisions of the Complaints Handling Procedure.

Upon the receipt of this form, an acknowledgement shall be sent to you. Your complaint will be handled in line with the provisions of the Complaints Handling Procedure.

1. CLIENT DETAILS:	
1.1	Full Name:
1.2	Registered Email:
1.3	Trading Account Number:
1.4	<p>Nature of Complaint: (please state full details: like date and time the incident occurred, Incident Description, Tickets of all disputable positions and/or Pending Orders department, financial loss, employee who offered services:</p> <p>In case additional space is required for the description of the complaint, please use additional document as appendix to this form</p>
1.5	Please provide below the name(s) of the contact person(s) of Aspidе Financial Limited at the time of your complaint:
1.5.1	Contact Person:
1.5.2	Contact Person's Email:
1.5.3	Additional Contact's Name:
1.5.4	Additional Contact's Email:

2. NATURE OF COMPLAINT:	
2.1	<p>Please provide a Summary of your complaint in the space provided below. Please try to justify the disputed amount and/or to include details that will facilitate the Company in investigating your complaint:</p>

2.2	<p>When did the issue you are complaining about take place? *</p> <p>Please enter the date:</p>
2.3	<p>When did you first notice that there might be a problem? *</p> <p>Please enter the date:</p>
2.4	<p>Have you communicated your complaint to Aspide Financial Limited and/or its associates? *</p>
2.5	<p>If your answer to the above question is YES, then please state the date you first informed Aspide Financial Limited and or its ass you discussed your complaint with:</p> <p>Please Enter the Date:</p>
2.6	<p>Aspide Financial Limited’s Representative’s Name</p> <p>Please, enter the Aspide Financial Limited’s representative’s name:</p>
2.7	<p>Aspide Financial Limited’s Representative’s Email</p> <p>Please, enter the Aspide Financial Limited’s representative’s email:</p>
2.8	<p>Method of Communication:</p>
2.9	<p>Have you reported your complaint to any authority? *</p>
2.10	<p>If you answered Yes to the above, which financial authority have you contacted?</p>
2.11	<p>Please attach together with this form any supporting evidence to your claim that will facilitate the Company’s investigation of your complaint. Supporting evidence may consist of any documentation (screenshots, chats, phone records etc) relevant to the complaint.</p>

Signature:

Date:

Registered Office

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