

SUBMISSION OF A COMPLAINT

1.a. Personal data of the complainant

LAST NAME	FIRST NAME	REGISTRATION NUMBER	LEI (IF AVAILABLE)	CUSTOMER REFERENCE (IF AVAILABLE)

ADDRESS: STREET, NUMBER, FLOOR (In case the complainant is a legal entity, address of the complainant's registered office)	POSTCODE	CITY	COUNTRY

TELEPHONE		EMAIL	

1.b Contact details (if different from 1.a)

LAST NAME/LEGAL ENTITY NAME	FIRST NAME

ADDRESS: STREET, NUMBER, FLOOR	POSTCODE	CITY	COUNTRY

TELEPHONE		EMAIL	

2. Information about the complaint

2.a Associated Support Ticket Number(s)

2.b Associated Wallet ID(s) or Serial Number(s)

2.c Description of the complaint's subject-matter

Please provide documentation supporting the facts mentioned.

2.d Date(s) of the facts that have led to the complaint

2.e Description of damage, loss or detriment caused (where relevant)

2.f Other comments or relevant information (where relevant)

2.g Purchasing Details

Please provide a copy of the purchasing receipt of our product or service.

In _____(place) on _____(date)

CLIENT SIGNATURE

Please send this form by postal mail to:

Värdex Suisse AG
Complaint Handling
Schutzengelstrasse 36
6340 Baar
Switzerland