

Customer Complaint Form

Client's Details:	
Name:	
Account Number:	
Complaint Details:	
	FOREX <input type="checkbox"/>
Cause for the complaint?	
What do you expect?	
Please fill additional fields if a specific order is affected:	
Order ID number:	
Date and time (GMT):	
Lots (Volume):	
Currency Pair instrument:	
Difference in PIPS:	
Signature:	
Date:	
Customer's Signature:	<div style="font-size: 2em; font-weight: bold; margin-bottom: 5px;">X</div> <hr style="border: 1px solid black; width: 80%; margin: 0 auto;"/>

Exons Group will handle the complaint promptly and comment on it. Please send the complaint form to our compliance department: support@exons-qr.com