



# COMPLAINT FORM (LFSA)





## COMPLAINT FORM

No. of the Form: \_\_\_\_\_

Client's Name: \_\_\_\_\_

Account ID: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Description: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Submit the form via email to **[info@kuberamarkets.com](mailto:info@kuberamarkets.com)**

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Internal Use Only

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Employee handling the complaint:

\_\_\_\_\_

Position: \_\_\_\_\_

Date of Receipt: \_\_\_\_\_

Date of Response: \_\_\_\_\_

Result and Date of Final Resolution: \_\_\_\_\_