

# **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:

Sureswipe E.M.I. PLC; 18 Kyriakou Matsi, 1082, Nicosia, Cyprus Tel: + 357 22 376006 | Fax: +357 22 376024 | Website: <u>www.revsto.com</u> | email: <u>complaints@revsto.com</u>