

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: |

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