



COMPLAINT HANDLING FORM

VS 7.0 November 2024

TopFX LTD (hereinafter called the “Company”), is a Cyprus Investment Firm (“CIF”), incorporated in the Republic of Cyprus with incorporation number HE 274180, its headquarters are at Office 502, 5th Floor, Troodos 2, KSENOS building, Agios Athanasios, Limassol, 4105, Cyprus and is authorized and regulated by the Cyprus Securities and Exchange Commission (“CySEC”) under license number 138/11.

The Company is committed to promptly and efficiently handle all Client’s complaints or grievances.

Clients may submit their complaints or grievances, using the “Complaint Form”, to the Compliance department. The “Complaint Form” may be submitted to the Company by email, fax or by post.

The Compliance department is responsible for handling customers’ complaints or grievances. The duties of the Compliance department include the effective and efficient handling of customer complaints or grievances so as to enable the Company to adopt and apply the required actions to prevent the repetition of the same complaints or grievances.

If the complaint or grievance involves the Compliance department then it is handled by the Head of the Compliance Department.

The Company shall maintain effective and transparent procedures for the prompt handling of complaints or grievances received from Clients. The Company shall keep a record of each complaint or grievance as well as the measures taken for the complaint’s/grievance’s resolution. The Company will issue a unique reference number upon review of the submitted form. The Client should use this unique reference number in all future contact with the Company, the Financial Ombudsman and/or CySEC.

The Company’s policy is to acknowledge to the Client receiving of the complaint within 5 working days and try to resolve the complaint/ grievance within this timeframe. When deemed necessary, the Head of the Department shall submit to the Senior Management the aforementioned details, for further investigation. The Senior Management shall fully investigate the complaint/ grievance in coordination with the heads of the involved departments. Within two (2) months from the date of receipt of the complaint, a final response will be disseminated to the Client analyzing the findings of the investigation.

In the event that the Company is unable to respond within the two (2) months period, it will inform the complainant of the reasons for the delay and indicates an estimated period to complete the investigation, which will be no longer than three (3) months from the submission of the complaint.

In case the Client is not satisfied with the Company’s final response, the complainant may refer the matter to the Financial Ombudsman of the Republic of Cyprus and seek mediation for possible compensation. The Financial Ombudsman website can be accessed via: <http://www.financialombudsman.gov.cy/> and/or take the matter to court and/or inform the CySEC by following the steps that can be found on the CySEC’s website: <https://www.cysec.gov.cy/en-GB/investor-protection/how-to-complain/>.

A. Contact Details of the Financial Ombudsman of the Republic of Cyprus:**Website:** <http://www.financialombudsman.gov.cy>**Email:** complaints@financialombudsman.gov.cy**Postal Address:** P.O. BOX: 25735, 1311 Nicosia, Cyprus**Telephone:** +35722848900 | **Fax:** +35722660584, +35722660118**B. Contact Details of the Cyprus Securities and Exchange Commission:****Website:** <http://www.cysec.gov.cy>**General email:** info@cysec.gov.cy**Postal Address:** P.O. BOX 24996, 1306 Nicosia, Cyprus**Telephone:** +35722506600 | **Fax:** +35722506700

If the complaint involves the Compliance department then the “Complaint Form” shall be submitted to the CEO to the following address: info@topfx.com

Contact details of the Compliance department where the Complaint form shall be submitted:**Telephone Number:** +357 25352244**Fax Number:** +357 25352266**Email:** compliance@topfx.com**Address:** Office 502, 5th Floor, Troodous 2, KSENOS building, Agios Athanasios, Limassol, 4105, Cyprus

COMPLAINT FORM

Way of Communication: FAX <input type="checkbox"/> Electronically <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/>				
Client details				
Name:		Surname:		
Legal Entity Name:				
Account Number:				
Address:				
Post Code:		City:		Country:
Telephone Numbers:	Home:	Work:	Mobile:	Fax:
Email:				
Brief Summary of the complaint Description of product or service and/or department and/or employee you are complaining about (description, evidence, magnitude of damage and suggested way to be solved):				
Please enclose any other relevant documentation that may help us to handle the complaint.				
Signature:		Date:		

For internal use only

Complaint received by:

Date of reception: / /

Reference number:

Department involved: Employee involved:

Initial response to client: ____Yes, ____No Date: / /

Initial Action Taken:

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Informed client of initial action taken: ____Yes, ____No Date: / /

Further Action Taken: ____Yes, ____No Date: / /

Further Action Taken:

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File handed on to Compliance Officer: ____Yes, ____No Date: / /

Settlement of complaint: ____Yes, ____No Date: / /

Summary of how the complaint was settled:

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Signature of responsible Officer: Date: / /