

COMPLAINT FORM

This complaint may be sent to one of the following addresses:

- ☐ Registered mail or hand-delivered letter addressed to SALVE FINANCIAL HUB S.P.A.
– Complaint office - Via Consiglio dei Sessanta, 99 – 47899 Serravalle (R.S.M.)
- ☐ electronic mail: complaints@salve.sm

This complaint is considered valid if it contains the details of the person making the complaint, the reasons for the complaint, the signature, or a similar element that allows the Customer to be identified with certainty.

COMPLAINER'S DATA

ACCOUNT HOLDER Name (CUSTOMER) _____

CUSTOMER ID _____

Delegate ID _____

Account Number (or IBAN) at Salve FH _____

SUBJECT THE COMPLAINT CATEGORY

- | | | |
|---|---|--|
| <input type="checkbox"/> Technical | <input type="checkbox"/> Customer Support | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Fees & Charges | <input type="checkbox"/> Compliance/KYC | <input type="checkbox"/> Fund Transfer |
| <input type="checkbox"/> Other (please describe): | | |

COMPLAINT Content

.....

.....

.....

.....

.....

.....

.....

DATE

PLACE

COMPLAINER'S SIGNATURE AND STAMP

.....

.....