COMPLAINT FORM - SOCIOS

Clients of Socios may address a complaint by completing this form and forwarding it to support@socios.com. Complaints are free of charge for the complainant. This Complaint Form is provided to facilitate the management of complaints; however, complainants may address their complaints in any form. The Complaint Form provided by Socios Europe Services does not constitute a condition of the admissibility of the complaint.

	nplaints in any form. The Complaint Form provided by Socios Europe Services does be a condition of the admissibility of the complaint.	
1.a. Information about the complainant		
• L	ast name/Legal entity name:	
• F	First name:	
• E	EUID or if not available national Registration or ID number:	
• L	egal Entity Identifier (if available):	
• 0	Client reference (if available):	
• A	Address (street, number, floor) (for legal entities, registered office):	
• P	Postcode:	
• 0	City:	
• 0	Country:	
• T	elephone:	
• E	Email address:	

1.b. Contact details (if different from 1.a)

•	Last name/Legal entity name:

- First name:
- Address (street, number, floor) (for legal entities, registered office):
- Postcode:
- City:
- Country:

attachment to this form)		
• l	Last name/Legal entity name:	
• [First name:	
• F	Registration number and LEI (if available):	
• /	Address (street, number, floor) (For legal entities, registered office)	
• F	Postcode:	
• (City:	
• (Country:	
•	Telephone:	
• [Email address:	
2.b. Contact details (if different from 2.a)		
2.b. Coi	ntact details (if different from 2.a)	
	ntact details (if different from 2.a) Last name/Legal entity name:	
• l		
• l	Last name/Legal entity name:	
• l	Last name/Legal entity name: First name:	
• L • F	Last name/Legal entity name: First name: Address: street, number, floor (For firms registered office)	
• L • F • /	Last name/Legal entity name: First name: Address: street, number, floor (For firms registered office) Postcode:	
• L • F • (Last name/Legal entity name: First name: Address: street, number, floor (For firms registered office) Postcode: City:	
• L • F • () • ()	Last name/Legal entity name: First name: Address: street, number, floor (For firms registered office) Postcode: City: Country:	
• L • F • () • ()	Last name/Legal entity name: First name: Address: street, number, floor (For firms registered office) Postcode: City: Country: Telephone:	

2.a. Information about the legal representative (if applicable) (a power of attorney or other official document as proof of the appointment of the representative to be provided as an

• Telephone:

• Email address:

3. Information about the complaint		
3.a. Full reference of the crypto-asset service to which the complaint relates (i.e. name of the crypto-asset service provider, crypto-asset service reference number, or other references of the relevant transactions)		
3.b. Description of the complaint's subject-matter		
5.b. Description of the complaint's subject-matter		
3.c. Date(s) of the facts that have led to the complaint		
3.d. Description of damage, loss or detriment caused (where relevant)		

3.e. Other comments or relevant information (where relevant)
SIGNATURE:COMPLAINANT
PLACE: DATE:
Please provide any documentation supporting the facts mentioned.
Documentation provided (please check the appropriate box):
 Power of attorney or other official document as proof of the appointment of the representative
☐ Copy of the contractual documents of the investments to which the complaint relates
☐ Other documents supporting the complaint: