

## CUSTOMER COMPLAINT FORM

1. Customer Data (hereinafter "Customer")	
Surname	Given name
Adress	Telephone number
E-Mail	Account number
2. Details of your customer complaint	
Which product relates to your complaint? - Instant Access Savings and Fixed Term Deposits - Securities transaction - Others	
Cause for complaint:	
What is your expectation?	
<b>For the complaint of order execution please fill in the following fields:</b>	
Order ID	
Date and Time (CET)	
Number of shares traded	
Currency	

The customer hereby requests the examination of the above-mentioned facts. Varengold Bank AG will examine the facts after receipt of this form and give a timely response to the complaint.



City/Date

First- and Lastname

Signature

**Varengold Bank AG**

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Bankverbindung: Varengold Bank AG, BIC: VGAGDEHHXXX, IBAN: DE34 2003 0133 0119 5000 00

USt-IdNr. DE247069729 · Registergericht Hamburg: HRB 73684

Vorstand: Dr. Bernhard Fuhrmann · Frank Otten

Aufsichtsrat: Dr. Karl-Heinz Lemnitzer (Vorsitz) · Michael Stephen Murphy · Alexander Körner