



COMPLAINT SUBMISSION FORM

Please fill in, sign and send this form to the Complaint Service Department of DIF Broker - Sociedade Financeira de Corretagem SA ("DIF BROKER"), preferably to the email address reclamacoes@difbroker.com or, alternatively, to the Lisbon office, whose address is in the footer.

COMPLAINT IDENTIFICATION DATA:

Account number (In case you are already a Client): _____

Full name: _____

ID n° (ej. ID card or Passport): _____

Contact details:

Clients: confirm that my contact details are already registered with DIF Broker:

YES

NO

If you are not a client: Please fill in the following data:

Address: _____ Postal Code _____

City: _____ Country: _____

Telephone: () _____ E-mail: _____

Nationality: _____

Name of the legal representative (if applicable):

In case you are represented by a lawyer or any other representative, please join the respective power of attorney or similar document that proves the representation for the purpose of this complaint procedures).

Contact details of the Representative:

Address: _____ Postal Code _____

City: _____ Country: _____

Telephone: () _____ E mail: _____

Nationality: _____

