

COMPLAINT SUBMISSION FORM

Please fill in, sign and send this form to the Complaint Service Department of DIF BROKER - EMPRESA DE INVESTIMENTO, S.A. ("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:

<u>·</u>	
Account number (In case you are already a Client):	
Full name:	
ID nº (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:	
ddress: Postal Code	
City:Country:	
Telephone: () E-mail:	
Nationality:	
Name of the legal represenative (if applicable):	
In case you are represented by a lawyer or any other representative, please join the resp attorney or similar document that proves the representation for the purpose of this comple Contact details of the Represenative:	
Address:Postal Code	
City:Country:	
elephone: () E mail:	
Nationality:	



Complaint Description
(Specify clearly the issues of your complaint, as well as the Department or Service that originated the complaint)
Type of Service of DIF Broker claimed:
DIF Broker department complained:
Name of Employee claimed (if applicable):
Description:
Place, date and time of Complaint:
Signature of Complainant:

By Signing I declare that I have read and accept the Privacy Policy and the information on the Client Data Protection and Legal Notice.