**Complaint form**

Dear ladies and gentlemen,

We would like to invite you to inform us or your business partner if certain matters do not fully satisfy you. We would like to allow you through this form to address your request directly and quickly, as well as free of charge to our complaint management service. To enable us to help as soon as possible in case of a complaint, please simply fill in the fields below. Our associates will contact you immediately.

1. **Contact data**

|  |  |
| --- | --- |
| Surname/Given name: |       |
| Company name: |       |
| Address: |       |
| Customer no.: |       |
| E-Mail: |       |
| Telephone: |       |

1. **Reason for the complaint**

|  |  |
| --- | --- |
| In certain cases detailed additional data  |       |
| (eventually with documents): |       |
|  |       |
|  |       |
|  |       |
|  |       |

Please send the signed form to Scarabaeus Wealth Management AG.

|  |  |  |  |
| --- | --- | --- | --- |
| Date:  |       | Signature:  |       |