

INVESTOR COMPLAINT FORM

- NB:
1. Please type or print.
 2. Please attach copies of all relevant documents (contracts, receipts, etc.) upon which the claim is based.
 3. Hand this form to the _____ (the dti)

A. PARTICULARS OF INVESTOR

Full Names

Business Address

Postal Address
 Code

Telephone Number: (H) (.....) (W) (.....)

B. PARTICULARS OF ORGAN, AGENCY, PROVINCE OR OTHER SUBDIVISION OF STATE

Full Names

Business Address

Postal Address
 Code

Telephone Number: (W) (.....)

C. SUMMARY OF CLAIM

Please indicate the exact nature of your claim and the alleged infringement – this should include the main aspects of your claim with names and dates, where possible and applicable. Also indicate the current state of affairs and the specific organ of State responsible for the measure(s). Indicate what steps you have taken to resolve the problem.

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D. RELIEF SOUGHT

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INVESTOR'S SIGNATURE

DATE