

Our Reference: _____

CSRL Complaint Form

Please complete this form and attach any supporting documentation and send via one of the options below:

Investor Relations
 Central Share Registry Pte Limited
 GPO Box 11689
 Suva, Fiji
 Email: registry@spx.com.fj

If you have queries regarding this form please contact Customer Service on +679 330 4130

Please choose the category(s) that the complaint relates to:

<input type="checkbox"/> Company Complaint	<input type="checkbox"/> Clearing & Settlement	<input type="checkbox"/> Broker Complaint
<input type="checkbox"/> Certificate Despatch	<input type="checkbox"/> Central Share Registry Limited	<input type="checkbox"/> Others <i>(Please Specify Below)</i>

SECTION 1: COMPLAINANTS DETAILS

Complainants First Name:

Complainants Surname:

Complainants Residential Address:	Complainants Postal Address:

Complainants Contact Details:

Home: (+)	Business: (+)	Mobile: (+)
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E-mail Address:

Securityholder Identification Number (SIN) *(If Applicable)*:

SECTION 2: THE COMPLAINT

The Registry Company your complaint relates to

Contact Person within the entity (*If applicable*)

Please provide full and specific details of the complaint including:

- Relevant dates
- Identification of the securities involved
- Instructions given
- Use and attach properly if you have used any extra pieces of paper

SECTION 3:

Have you lodged this complaint anywhere else? If so, please provide the following information **otherwise skip to Section 4**

Yes

No

Who did you lodge your complaint with?

Who dealt with your complaint?

When was the complaint lodged?

What action was taken in relation to your complaint?

SECTION 4:

Do you consent to CSRL contacting the other party regarding this complaint? *(If applicable)*

Yes

No

<input type="text"/>	<input type="text"/>
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Signature

Date

DOCUMENTS

If you have relevant documents please send us a copy. **Do not send us the original documents now.** Keep original documents in a safe place in case they are needed later

-----For Office Use Only-----

<input type="text"/>	<input type="text"/>
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Date Complaint Resolved

Staff Handling Complaint

Result of Complaint

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