**Appendix 3**

**Luxury International Payment Systems, UAB**

**(“LuxPay”)**

**Customer Complaint Form**

(Appendix 3 of the Compliance Policy)

Please provide the following information for us to consider and investigate your grievance and take appropriate remedial action.

|  |  |
| --- | --- |
| **1. Details of the Person(s) or Organisation(s) filing the Complaint (“the Complainant”).** | |
| **Name:** ………………………………………………….  **Address:** …………………………………………………………. | **Phone No:**  ………………………………………….  **Email:** …………………………………………………………. |
| **Relationship with LuxPay …**………………………………………………………………………………………….  ……………………………………………………………………………………………………. | |

|  |  |
| --- | --- |
| **2. Please provide details of your complaint and attach additional sheets if required.** | |
| **Complaint Details:** …………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………… | |
| **Desired / Requested Outcome:**  ………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………… | |
| **Attachments (if any):**   1. ……………………………………………………………………………………………………………… 2. ……………………………………………………………………………………………………………… 3. ……………………………………………………………………………………………………………… | |
| **3. Submission of Complaint and LuxPay’ Complaints Handling Procedures.** | |
| Please Confirm if you would like to receive a copy of LuxPay’ Complaints Handling Procedures (free of charge) by e-mail.  Yes No | |
| **4. Declaration and Signature** | |
| **I certify that the information provided on this form is true and correct to the best of my knowledge.** | |
| **Date:** ………………………………………………. | **Signature:**  …………………………………………………………. |