

## Customer Complaint Form

Please use this form to file a complaint with Solid Financial Services Limited. We require a written complaint from the owner of the account(s) in question, indicating the subject of the complaint, the issues involved and specific information regarding times, dates and events. While an individual may file a complaint on behalf of someone else, we require written authorization from the owner of the account in order to proceed with our review of the complaint. Receipt of your complaint will be acknowledged and if further information is required a Client Department Officer or Executive Director will contact you.

### 1. Customer Information

Mr./Mrs./Ms./Miss/Dr. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone: ( ) \_\_\_\_\_ Business Telephone: ( ) \_\_\_\_\_

Fax Number: ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Preferred time and telephone number to be contacted: \_\_\_\_\_

### 2. Your Account Information

Name of Registered Representative: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_

### 3. Does your complaint involve a particular investment?

If yes, please provide the name of the security and applicable date in the space provided below.

Name of Security: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Security: \_\_\_\_\_ Date: \_\_\_\_\_

### 4. Complaint Summary

Please provide a complete chronological summary of your complaint. Attach additional sheets as required. Further details may be requested from you later in the complaint process.

---

---

### 5. Your Signature

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* This form constitutes the Appendix № 11 of the Terms of Business for Provision of Brokerage Services