

COMPLAINTS HANDLING POLICY

FS INTERNATIONAL LIMITED - 700227



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1. INTRODUCTION

FS INTERNATIONAL LTD (hereinafter “the Company”, “us”, “our” “we”) is authorised and regulated in Vanuatu with authorisation number 700227. The Company is fully licensed with a Vanuatu Security Licence (License Number 700227), to provide financial services in connection with derivative products, operating under the Financial Dealers Licensing Act.

The Company has adopted this Complaints Procedure in order to ensure a fair and quick process for handling complaints that may arise from our relationship.

2. SUBMITTING OF COMPLAINT

You may submit your complaint in writing and address it to the Compliance Function of the Company who is authorized to handle and investigate complaints that may be submitted to them from our Clients.

You are encouraged to use the Complaints Form attached herein and submit it in the following way:

By submitting the Complaints Form electronically at the following email address: support@fxglobe.com along with a copy of any additional documentation that would be relevant to the complaint.

A complaint will only be considered as submitted, if the complainant sends the complaint by e-mail from his registered email address with the company to support@fxglobe.com.

3. ACKNOWLEDGEMENT AND RESOLUTION OF THE COMPLAINT

We will acknowledge receipt of your complaint within five (5) business days, assign a unique reference number for your complaint and we will endeavour to resolve your complaint within twenty-eight (28) days.

The unique reference number can be used for all future contact with the Company, the regulator (VFSC), and the Financial Ombudsman Service.

However, from time to time, it may be necessary to carry out further investigation to ensure we fully resolve your complaint. If this occurs, we may require the maximum of sixty (60) days from the date of receipt of your complaint before we respond to you, we will keep you updated on the progress of your complaint.

4. FINAL DECISION

When we reach an outcome, we will inform you of it together with an explanation of our position and any remedy measures we intend to take (if applicable).

In case the client doesn't reply to the Company and/or is reluctant to provide the necessary information and clarification, in order to enable the Company to perform investigation regarding any issue or complaint within the period of 30 days the Company will consider the complaint as closed and resolved.



In case our final decision does not fully satisfy your demands, or in the unlikely event that we are unable to resolve your complaint within the timescales found in this Policy, you can contact the Financial Ombudsman Service at:

Vanuatu Office of Ombudsman

<https://ombudsman.gov.vu/index.php/ombudsman/lodging-a-complaint>

If you would like further information, please contact the Office of the Ombudsman at:

Port Vila Office: Office of the Ombudsman

PMB 081, Port Vila, Vanuatu, SW Pacific

Tel: (678) 27200

Email: ombudsman@vanuatu.gov.vu

Santo Office: Office of the Ombudsman

First Floor, Luganville Commercial House

PO.Box 378, Luganville, Vanuatu, SW Pacific

Tel: (678) 36364

Email: ombudsman@vanuatu.gov.vu

Vanuatu Financial Services Commission

Rue Bougainville, PO Box 9023, Port Vila, Vanuatu

Phone: +678-22-247, Fax: +678-22-242

www.vfsc.vu/fees-help-support/contact-us

e-mail: info@vfsc.vu



COMPLAINTS FORM:

This is the form you need to fill in if you wish to submit your complaint to FS INTERNATIONAL LTD (the “Company”). Complete, up to date as well as accurate information is required to be provided to the Company for the proper investigation and evaluation of your complaint.

Please note that the below Complaint Form is only indicative and not exhaustive. The Company may request further information and/or clarifications and/or evidence as regards your complaint.

DATE:

CLIENT INFORMATION

Name:

Surname:

ID or Passport Number:

Country of nationality:

Legal Entity Name (in case the Client is a legal person):

Trading Account Number:

CONTACT DETAILS OF THE CLIENT

Postal Address:

City/Province:

Code:

Country:

Telephone Number:

Email:

Please advise your most convenient method of communication:

DETAILS OF THE COMPLAINT

Date when the Complaint was created:

Description of the Complaint: (use a separate sheet if necessary)



I, _____, with passport/ID Number _____ hereby certify and confirm that to the best of my knowledge, the information furnished above is true, accurate, correct and complete.

Full Name: _____

Signature: _____

Date: _____

FOR OFFICIAL USE ONLY

Received on:

Received by:

Assigned to:

To reply by:

