

# Blue Diagonal Capital Ltd (the “Manager”)

## Form BDCCP\_2020: Client Complaints Form

IF COMPLETING THE FORM BY HAND, IT IS PREFERABLE TO COMPLETE THE FORM USING CAPITAL LETTERS

### Section 1: Client Details (the “Client”)

Client Name:

Client Reference Number:

### Section 2: Escalation

In the event that the complaint or grievance is directed against the Client Investor Relations Department and you wish the complaint to be escalated to the Compliance Reporting Officer please tick the box below:

I wish the complaint to be escalated to the Compliance Reporting Officer

### Section 3: Complaint Description

Service / department that is the subject of the complaint:

Contact Person (where applicable) in the Company with whom the complainant has been dealing:

Description of the complaint:

**Description of any damages / financial losses claimed by the complainant:**

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**Dates /Chronology of events relating to the complaint:**

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**Details of any correspondence between the complainant and the Company in respect of the complaint (please attach copies of any correspondence):**

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**Section 4: Signatures**

I hereby confirm that the above information is true to the best of my knowledge and belief, and that I have full legal capacity to sign this form.

**Signature :**

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**Signatory name:**

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**Signatory capacity**

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**Date:**

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Notes:

- a) *To be valid, the form must be signed by the Client.*
- b) *If the form is signed under power of attorney, such a power of attorney or a duly certified copy thereof must accompany it.*