

Client Information:

First Name: _____ Surname: _____

MoneyWay Client Number (if known) _____

Street Address _____ City _____

Province _____ Postal Code _____ Country _____

Email Address _____

Phone Number with Area Code: _____ Cell: _____

Nature of Complaint:

Date of Incident (DD-MM-YYYY): _____ Transaction Receipt Number: _____

Description of Complaint/Dispute [please provide a detailed description]: _____

Resolution Sought

Please outline your desired resolution outcome: _____

Supporting Documents: Please attach any relevant supporting documents or evidence that supports your complaint.

Please Note: Complaints must be made within 30 days of the incident that is the source of the complaint/dispute.

Declaration: By signing this Client Complaint Form you confirm that the information you have provided is true and accurate to the best of your knowledge.

Client's Signature: _____ Date: _____

Please send your complaint via email to Complaints@MoneyWay.com or submit this completed document in person. We aim to acknowledge receipt of your complaint within 5 business days.