

Complaints Procedure for Clients

(www.avfxcapital.com)

We, AVFX Technology (SV) Ltd. (the Company), have implemented with this Complaints Procedure in order to safeguard a fair and quick process for conduct complaints that may rise from our relationship.

1. Regarding submitting your complaint

You could submit your complaint in writing and address it to the Company. OR
You could use the Complaints Form attached herein and submit it electronically to info@avfxcapital.com.

2. Supervision of your Complaint

While we received your complaint then we will evaluation it carefully and will try to resolution it without unwarranted delay.

One of our executive may contact you directly in order to obtain further explanations and information relating to your complaint. We shall need your collaboration in order to handgrip your complaint.

We shall try to reply within five working days from the receipt of your complaint. If the complaint requires auxiliary investigation and we cannot resolve it within five 5 working days, we will issue a holding reply in writing or other sturdy medium. When a holding response is sent, it will designate when we will make further contact to inform you on the exploration process.

When we reach an conclusion we will inform you of it together you with an clarification of our position and propose corrective actions we propose to take.

It is implicit that your right to take legal action ruins genuine by the reality or use of any complaints procedures mentioned to above.

In the case where you are still not satisfied with the Company's final response, then you can refer it to the Financial Services Authority (FSA) in Kingstown, St.Vincent and the Grenadines for further examination.

The contact details for the FSA in Kingstown, St.Vincent and the guidelines are set out below:

Suite 305, Griffith Corporate Centre,
P.O. Box 1510, Beachmont, Kingstown,
St.Vincent and the Grenadines
Email: info@avfxcapital.com

Website: <https://www.avfxcapital.com/support>

COMPLAINTS FORM

DATE :

CLIENT INFORMATION	
Name:	
Surname:	
Account number:	
CONTACT DETAILS OF THE CLIENT	
Postal address:	
City/ province:	
Postal code:	
Country:	
Telephone number:	
Email:	
DETAILS OF THE COMPLAINT	
Date when the Complaint was created:	
Employee who offered the services to the Client:	
Description of the Complaint	