## **COMPLAINTS FORM**

COMPLAINANT DETAILS:	
Name:	Phone:
Address:	
Email:	
RESPONDENT DETAILS: [Plea	ase complete as much information as possible]
Name:	Position:
Organisation:	NZX Affiliation (if any):
COMPLAINT: [please answer all	l questions in detail]
What conduct do you complain	about?
[Continue on a separate page, if	necessary]
Have you suffered any financial	loss?
[Continue on a separate page, if	necessary]

How did the conduct you complain of cause your financial loss?	
[Continue on a separate page, if necessary]	
Have you raised this complaint with any other organisation? If so, what was the outcome?	
(O. a. (i. a.	
[Continue on a separate page, if necessary]	
Diagon list any relevant decuments and attach assiss, where available	
Please list any relevant documents and attach copies, where available.	
[Continue on a separate page, if necessary]	
DISCLOSURE:	
Do you consent to the disclosure of your name and the details of this complaint (including this	
complaint form) to the Respondent? If not, please provide details of the information you do not want disclosed.	
Yes No	
Details	
Signature: Date:	
FOR OFFICE USE ONLY:	
Type: Market Participant: Adviser: Issuer:	
Status: Matter Open: Matter Closed:	
NZX Contact/s:	