

Complaint Regarding a Violation to Bursa Kuwait Rulebook

Date:	
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Claimant Details	
Claimant Name:	
Capacity:	
Occupation:	
Civil I.D No or ID No.:	
Address or Domicile:	
Telephone:	
Fax:	
E-mail:	

Details of Person Complained Against	
Name:	
Address or Domicile:	
Telephone:	
Fax:	
E-mail:	

Subject of the Complaint

Legal Provisions Violated

Requests

Complaint Supporting Documents	
Has the complaint been reported to a third party?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, mention the entity:	
Has any legal proceedings been initiated with respect to this complaint?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, mention provide details of the legal proceedings:	

Acknowledgment and Undertaking	
I, the undersigned, acknowledge that all information listed and provided in this form and in the attachments are correct and identical to reality, and I am personally responsible.	
Name:	
Signature:	
Date:	

Conditions to accept the Complaint:

1. Information provided in the form is filled.
2. Identify the relation between claimant and the person complained against.
3. Provide supporting documents (If existing).