

COMPLAINT FORM

Mr./Mrs./Ms./Miss/D	r	(First, last and middle name-please	
Address :			
City:	Prov	ince:	Postal Code:
Home Telephone: ()	Business Telepho	one: ()
Fax: ()	Emai	il:	
Account Informatio	n		
Name of Dealer or Co	mpany:		
Name of Salesperson:			
Number of Accounts a	at Dealer or Cor	mpany:	
Have you contacted y	our salesperson	in writing regardin	g this complaint?
Yes No	o 🗌		
Have you contacted this complaint?	he dealer or cor	mpany's head office	in writing regarding
Yes No	> <u></u>		
Have you contacted the MFDA/IDA)?	he appropriate	Self-Regulatory Org	anization (SRO, i.e.
Yes □ No	οΠ		

Complaint Summary			
Please provide a chronological summary of your complaint and attach any relevant documentation you may have.			
If this space is insufficient, please attach additional pages.			
Signature: Date:			

Please fax to the NSSC Enforcement Staff: 902-424-3538 or mail: Enforcement Staff, Nova Scotia Securities Commission, PO Box 458, Halifax, NS B3J 2P8.