



Claim of the Client to Master Services Inc.

Request

Full name according to identification document: _____

Personal cabinet login: _____

Trading account type and number: _____

Disputable situation emergence date and time (client terminal time) _____

Order ticket (if applicable)

Funds deposit/withdrawal request number (if applicable)

Detailed description of a disputable situation without emotional coloring

Your signature: _____

Date: _____

Important:

- 1. The present claim should be sent from the address used by the Client for personal cabinet registration.
- 2. To confirm the fact, on which the claims is grounded, please, attach screenshots to the claim (if applicable)