



## COMPLAINT HANDLING POLICY

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Rock West (hereinafter the “**Company**”) aims to provide superior services to all of its Clients. Rock – West is the registered trade name of the Company.

The Company has appointed a Compliance Officer to efficiently handle any complaints from the Clients. This is to allow the Company to resolve and apply mandatory measures to avoid any recurring issues.

### Definition

The Company classifies a complaint as any objection and/or dissatisfaction that the Client may have with regards to the provision of the services provided by the Company. A complaint form is enclosed at the end of this policy.

### Procedure

The Compliance Officer shall be responsible for handling Client complaints, except in the case where the complaint involves the Compliance Officer, whereby the complaint shall be handled by the Representative Officer.

The Client may register a complaint by completing the complaint form, using any of the following options:

- Email: [support@rock-west.com](mailto:support@rock-west.com)
  - Postal Address: **Maiv Limited**, JUC Building, Office No. F4a Providence Zone 18, Mahe, Seychelles
1. When the Compliance Officer receives the Client’s complaint then a written acknowledgement will be sent to the Client within 7 business days;
  2. The Company will attempt a final response within 30 business days, however in case we are still not in a position to resolve the issue then the Compliance Officer will notify you in writing stating the reasons for the delay and indicate an estimated time to resolve the issue;
  3. A final response should be provided to the Client within 60 business days the latest from the date he submitted his complaint;
  4. In the case where the complainant is still not satisfied with the Company’s final response, then the complainant can refer his complaint with a copy of

the Company's final response to the Financial Services Authority (FSA) in Seychelles for further examination.

**The contact details for the Financial Services Authority (FSA) in Seychelles are set out below:**

Address:

PO Box 991  
Bois de Rose Avenue  
Roche Caiman Victoria, Mahe, Republic of Seychelles

Phone:

(+248) 438 08 00

Fax:

(+248) 438 08 88

Email:

[complaints@fsaseychelles.sc](mailto:complaints@fsaseychelles.sc)

Website:

<http://fsaseychelles.sc/index.php/contact-us>

### **Client Records**

The Client should provide all relevant documentations as well as any additional information requested by the Company in order to ensure all records are collected and the complaint is properly resolved on time.

All records will be kept safe as per local requirements and for a period of seven (7) years.

**[The complaint form can be found in the next page]**

## Complaint Form

### A. Client Information:

Name:	Account Number:
Address:	Telephone Number:

### B. Type of Complaint:

- Execution of Orders
- Quality or lack of information provided
- Terms and Conditions/Fees/Charges
- General admin/Customer Services
- Unauthorized business being offered
- Issue in relation to withdrawal of funds
- Other (specify)

### C. Brief Summary of the Complaint:

Please describe the product or service you are complaining about (*description, evidence, amount and suggested way to be solved*):

- Please enclose any other relevant documentation that may help us to handle the complaint.

- Possible documentation to be provided (client statement, correspondence with the Company as well as any other supporting documentation to be requested by the Compliance Officer which is relevant to the Client’s complaint)

\_\_\_\_\_  
Date and place Client Signature

**For internal use only:**

Complaint Received By:	Date:				
Acknowledgement sent to Client:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
Informed Client of initial action:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
Final response provided to Client:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
Holding response provided to Client:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/> N/A

Signature of Compliance Officer: Date: