

For Office Use Only:

Received by ICD

Date: _____



COMPLAINTS FORM

NOTICE:

This form must be filled in completely. This form is only for complaints relating to the Securities Commission Malaysia (SC) and/or an employee of the SC in relation to the discharge of his/her functions.

A Your particulars

Name :
Address :
IC/Passport no. :
Telephone no. :
Fax no. :
Email :
Occupation :
Name of employer :
Employer's address :
Employer's telephone no. :

B Particulars of your complaint

Name of Officer Involved :
Department :

C State your complaint(s) here in detail. Describe the events that happened and the dates on which they occurred:

D Do you have any documents in support of your complaint?

No

Yes, I will forward them to the SC in due course

Yes, the following documents are attached with this complaints form:

(a) _____

(b) _____

(c) _____

E Signature :

Date of Complaint :

Please forward this form and any additional information to:

Head of Internal Compliance Department
Securities Commission Malaysia
No. 3 Persiaran Bukit Kiara
Bukit Kiara
50490 Kuala Lumpur

Telephone : 03 - 62048000
Fax : 03 - 62048110
Email : aduan.icd@seccom.com.my