

KENDRIS

COMPLAINTS POLICY

We, KENDRIS CAPITAL LIMITED (hereinafter, the “Company”), have adopted this Complaints Procedure in order to ensure a fair and swift process for handling Clients Complaints.

I. Submit your Complaint

Complaints may be submitted in writing, by fax or by email at the contact details provided below:

- a. Address: 50 Spyrou Kyprianou Avenue, Irida Tower 3, Floor 6, 6057 Larnaca
(attention to: Compliance Officer)
- b. By sending an email to funds@kendris.com by completing the Online Complaint Form
- c. By sending a fax at: +357 24 631500 by completing the Online Complaint Form

Upon receiving the complaint, we will assign to the complaint a unique reference number and then register the complaint directly into an internal register, which is maintained by the Company.

II. Complaint acknowledgement

We will acknowledge receipt of your complaint within five (5) business days from the receipt of your complaint. The written acknowledgment sent by the Company to the complainant will include the complaint’s unique ten (10) digit reference number, as well as details of the name and capacity of the person dealing with the complaint.

The unique reference number should be used in all your future contact with the Company, the Financial Ombudsman and/or CySEC regarding the specific complaint.

III. Complaint Management

Once we acknowledge receipt of your complaint, we will review it carefully, investigate the circumstances surrounding your complaint and will try to resolve it without undue delay.

We shall make every effort to investigate your complaint and provide you with the outcome/decision of our investigation within two (2) months from the date you have submitted your complaint to us. During the investigation process will keep you updated of the handling process of your complaint. One of our officers may contact you directly (including communication by email or phone) in order to obtain further clarifications and information relating to your complaint. We will require your full cooperation in order to expedite the investigation and possible resolution of your complaint.

In case the investigation is not concluded within two (2) months following the submission of the complaint, the complainant will be informed in writing of the reasons for the delay and when he/she should expect completion of the investigation process. This period will not exceed three (3) months from the submission of the complaint.

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IV. Final Decision

When we reach an outcome, we will inform you of it together with an explanation of our position and any remedy measures we intend to take (if applicable).

If you are not fully satisfied by the final decision of the Company's position on the complaint, you may refer the complaint to an alternative dispute resolution entity such as the Financial Ombudsman. Furthermore, you may inform the Cyprus Securities and Exchange Commission.

A. Contact Details of the Financial Ombudsman of the Republic of Cyprus:

Address: 15 Kypranoros, 1061 Nicosia or P.O.Box 26722, 1647 Nicosia
Facsimile (Fax): +357 22 660584, +357 22 660118
E-mail: complaints@financialombudsman.gov.cy
Website: www.financialombudsman.gov.cy

B. Contact Details of the Cyprus Securities and Exchange Commission:

Address: 19 Diagorou Street, 1097 Nicosia
Telephone: +357 22 506600
Facsimile (Fax): +357 22 506700
E-mail: info@cysec.gov.cy

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COMPLAINTS FORM

This is the form you need to fill in if you wish to submit your complaint to the Company. Complete, up to date as well as accurate information is required to be provided to the Company for the proper investigation and evaluation of your complaint.

Please note that the below Complaint Form is only indicative and not exhaustive. The Company may request further information and/or clarifications and/or evidence as regards your complaint. You may accompany the said form with any other documentation that may assist the investigation of your complaint.

DATE:
CLIENT INFORMATION
Name: Surname: ID or Passport Number: Country of nationality: Legal Entity Name (in case the Client is a legal person): Account Trading Number:
CONTACT DETAILS OF THE CLIENT
Postal Address: City/Province: Postal Code: Country: Telephone Number: Email:
DETAILS OF THE COMPLAINT
Date when the Complaint was created: Employee who offered the services to the Client (if applicable): Description of the Complaint (use a separate sheet if necessary):

☐ I hereby certify and confirm that to the best of my knowledge, the information furnished above is true, accurate, correct and complete.

FOR OFFICIAL USE ONLY
Received on: Received by: Assigned to: To reply by: