

SECURITIES COMMISSION OF THE BAHAMAS

Poinciana House North Building, P.O. Box N-8347 Nassau, The Bahamas Tel: (242) 397-4100 2nd Floor Fax: (242) 356-7530 E-mail: info@scb.gov.bs www.scb.gov.bs

COMPLAINT SUBMISSION FORM

The information requested below must be completed in order for us to assist you.

GeneralPlease complete all relevant sections; where the allocated space is insufficient, you mayInstructions:continue on a separate page and attach to the completed form, be sure to make note of the
attachment on the form, and reference the question/section on the attachment. All supporting
information and analysis must also be attached.

Completed applications should be submitted via email to <u>ecomplaints@scb.gov.bs</u>.

Item 1 – Information about You

Complainant 1	
Full Name:	
Street Address:	
City/State/Country/P.O. Box:	Email:
Phone:	Fax:
Occupation:	Preferred method of communication:
Complainant 2	
Full Name:	
Street Address:	
City/State/Country/P.O. Box:	Email:

Fax:	
Preferred method of communication:	
Item 2 – Information on Firm You Are Complaining About (If Applicable)	
Yes: 🔲 No: 🗆 Don't know: 🗆	
Phone:	
Item 3 – Information on Individual You Are Complaining About (If Applicable)	
Does the Commission regulate the Individual? Yes: \Box No: \Box Don't know: \Box	
Phone:	
No:□ When?	

If Yes, was a response received? Explain.

Have you contacted any other regulators? Yes: □ No: □

When?

If you answered "Yes" above, please explain circumstances:

If you have taken legal action, please check all that apply:

□ Mediation

□ Arbitration

□ Court Action

Item 5 – Description of the Complaint or Tip

1. Occurrence Date (dd/mm/yyyy)

2. Nature of complaint:

3a. Has the complainant or counsel had any prior communication(s) with the Commission concerning this matter? Yes: \Box No: \Box

3b. If the answer to 3a is "Yes," name of Commission staff member with whom the complainant or counsel communicated:

4a. Has the complainant or counsel provided the information to any other agency or organization, or has any other agency or organization requested the information or related information from you?

Yes: 🛛 No: 🗆

4b. If the answer to 4a is "Yes," please provide details. Use additional sheets if necessary.

4c. Name and contact information for point of contact at agency or organization, if known.

5a. Does this complaint relate to an entity of which the complainant is or was an officer, director, counsel, employee, consultant or contractor? Yes: □ No: □

5b. If the answer to question 5a is "Yes," has the complainant reported this violation to his or her supervisor, compliance office, ombudsman, or any other available mechanism at the entity for reporting violations?

Yes: 🛛 No: 🗆

5c. If the answer to question 5b is "Yes," please provide details. Use additional sheets if necessary.

5d. Date on which the complainant took the action(s) described in question 5b (dd/mm/yy) / /

6a. Has the complainant taken any other action regarding your complaint? Yes: 🗆 No: 🗆

6b. If the answer to question 6a is "Yes," please provide details. Use additional sheets if necessary.

7. State in detail all facts pertinent to the alleged violation. Explain why the complainant believes the acts described constitute a violation of securities laws. Use additional sheets if necessary.

8. Describe all supporting materials in the complainant's possession and the availability and location of any additional supporting materials not in complainant's possession. Use additional sheets, if necessary.

9. Describe how and from whom the complainant obtained the information that supports this claim. If any information was obtained from an attorney or in a communication where an attorney was present, identify such information with as much particularity as possible. In addition, if any information was obtained from a public source, identify the source with as much particularity as possible. Attach additional sheets if necessary.

10. Identify with particularity any documents or other information in your submission that you believe could reasonably be expected to reveal your identity and explain the basis for your belief that your identity would be revealed if the documents were disclosed to a third party.

11. Provide any additional information you think may be relevant.

Item 6 – Documents

Please list all supporting documents that you have attached to this Form or are able to provide, if requested.

1.

2.

3.

4.

5.

5.

Item 7 – Certification and Signature

ATTESTATION:

"I, the undersigned, hereby affirm that I am acting in good faith, and with reasonable belief that the contents of this form, attachments provided with this form, and information provided is true and complete to the best of my knowledge and with the understanding that any false, fraudulent, or material misrepresentations provided may cause me to be liable and subject to a fine and/or imprisonment."

Signature

Date

WARNING: Intentional misstatement of information may constitute an offence.