



BLACKTOWER

FINANCIAL MANAGEMENT GROUP

Complaints Management Policy



Complaints Management Policy - Client Summary

Blacktower Insurance Agents & Advisors Ltd (hereinafter, "the Company") is required to establish, implement and maintain effective and transparent procedures for the reasonable and prompt handling of complaints received from clients and to keep a record of each complaint and the measures taken for its resolution.

A complaint is any expression of dissatisfaction, whether justified or not, from a client or potential client regarding the provision of investment services by the Company.

Submitting a Complaint:

All client complaints can be submitted free of charge in writing, in English and signed by the complainant or a person authorised to act on behalf of the client and should be as descriptive as possible in respect of the events that led to the filing of the complaint. Complaints which are unsigned and do not contain the name and other details of the complainant will not be considered. If a client communicates a complaint verbally or by any other means, he/she should kindly be asked to submit the complaint in writing.

Clients are encouraged to use the Complaints form attached herein and submit it in any of the following ways:

1. Electronically at the following email address eucompliance@blacktowerfm.com
2. By sending it in writing by post to: 102 Michael Zavou, 1st Floor, Ayios Athanasios, 1407, Limassol, Cyprus.

Acknowledging a Client Complaint:

The company will aim to acknowledge receipt of your complaint within two (2) business days of receipt. Please note that a **unique reference number** will be assigned to your complaint, and it must be used in all future correspondence with the Company.

Once we acknowledge receipt of a complaint, we will investigate the matter accordingly and aim to resolve it without undue delay. A member of the compliance team may contact the complainant directly to request additional clarification or further information related to the complaint.

All complaints should be resolved promptly and within fifteen (15) working days from the date of official receipt. If a response cannot be provided within this timeframe, the complainant will be informed accordingly, along with an indication of when the Company expects to complete its investigation. The extended timeframe should not exceed thirty (30) working days from the end of the initial 15-working-day period.

Decision on a complaint:

We will inform the complainant of the outcome of our investigation, along with an explanation of our position and any remedial measures we intend to take, if applicable. If the complainant remains dissatisfied with our final decision, they may pursue their complaint through the Financial Ombudsman Services in the Republic of Cyprus, the ADR mechanism, or any relevant court.

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

Website: www.financialombudsman.gov.cy

General Email: complaints@financialombudsman.gov.cy

Postal Address: P.O Box 26722, 1647, Nicosia, Cyprus

Telephone: +357 22848900

You may wish to raise your complaint with the Cyprus Insurance Companies Control Service (ICCS), however, it should be noted that the ICCS does not have restitution powers and therefore does not investigate individual complaints. Contact details of the ICCS:

Website: <https://www.mof.gov.cy/mof/iccs.nsf>

Email: insurance@mof.gov.cy

Postal Address: P.O. Box 23364, 1682, Nicosia, Cyprus

Telephone: +357 22602990

Resolutions of disputes with clients:

The Company is committed to handling all client complaints honestly, fairly, and professionally, always acting in the best interests of the client. The Compliance Officer, along with relevant managers and personnel involved in the investigation, will make every effort to achieve a prompt and mutually satisfactory resolution. Where a complaint is found to be based on reasonable grounds, and the requested compensation is fair and justified, the Company will seek to resolve the matter accordingly and transparently.

COMPLAINTS FORM

DATE:

CLIENT INFORMATION

Name

Policy Number

Product Provider

CONTACT DETAILS OF THE CLIENT

Postal Address

Telephone Number

Email

DETAILS OF THE COMPLAINT

Description of the Complaint: (use a separate sheet if necessary)

Received on

Received by

Assigned to

To reply by

FOR OFFICIAL USE ONLY

Received on

Received by

Assigned to

To reply by