ORO FINTECH LTD Company Reg. No. 8425077-1 Suite 3, Global Village, Jivan's Complex Mont Fleuri, Mahe, Seychelles

Ver: November 2024

SUBMITTING A COMPLAINT - CLIENT'S POLICY

This Policy is addressed to Clients of ORO Fintech Limited (hereinafter the "Company" and/or "FXORO Global") and it outlines the procedure to be followed in the event that You, as a Client of FXORO Global may have a complaint in relation to any of your dealings with the Company.

All complaints must be reported to the Company, in writing, in English and submitted to the following email address – complaints@fxoroglobal.com by using the Complaint Form provided herein. As a client, you should include in the report sufficient information in respect to the incident occurred, the date and subject, in order to enable the Company to properly examine your case.

Anonymous complaints will not be entertained.

Complaints sent on behalf of clients are to be accepted only with the submission of a valid Power of Attorney ("POA") duly signed by the Client and the Attorney, evidencing such relationship. The Company reserves the right to request additional information if necessary.

We will acknowledge receipt of each complaint within 5 working days of receipt.

Following our investigation, the Company shall offer a response. If the complaint cannot be immediately resolved, then it will be dealt with in a manner intended to lead to its effective resolution as soon as possible.

If you remain dissatisfied after exhausting our internal procedures, you have the right to refer the complaint to the Financial Services Authority (FSA).

Financial Services Authority (FSA):	
Name:	Financial Services Authority
Email address:	complaints@fsaseychelles.sc
Telephone Number:	+248 4 380 800
Formal letter addressed	The Chief Executive Officer
	Financial Services Authority
	Bois De Rose Avenue
	P.O Box 991, Victoria
	Mahé, Seychelles
Link to complaint handling form	https://fsaseychelles.sc/other-fsa-
	documents/complaint-form/download

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Form for Complainant

A. Deta	ails of Complainant:
Full Name	
Address	
Country	
Phone	
Email	
B. Rep	resentative Details (only in case of attorney / lawyer)
Full Name	
Contact	
Details:	
	plaint Form is submitted on behalf of a client, please provide a valid POA.
	cription of the Problem Encountered
(please includ	de date of occurrence and full description)
D Bom	nedy Requested
D. Reili	euy nequesteu
Y	es No
If Yes, pleas	se clarify:
	•
Date:	Signature:
List of enclosed documents (if applicable):	