

CLIENT COMPLAINT PROCEDURES

# Client complaints procedures

## Introduction

At Sidra Capital we ensure client complaints are dealt with in a courteous and efficient manner and are resolved without delay by developing a mechanism whereby client complaints shall be effectively and efficiently handled, escalated accordingly, if needed, and comprehensively resolved.

The Compliance and AML Division of Sidra Capital shall be the central point of contact to receive, register and communicate resolution of complaint to client. The Company shall ensure that complaint handling process is accessible to all clients. The Company shall have absolute independence in investigating the complaint and expressing opinion on the subject of the complaint.

## How to make a complaint

* Clients can make complaints through various available modes as stated below:
	1. Company’s website: www.sidracap.com
	2. In writing by addressing to:

Compliance Officer

Sidra Capital

Suite 308, Level 3, Al Murjanah Tower,

Prince Sultan Street, PO Box 118528

Jeddah 21312, Kingdom of Saudi Arabia

* 1. Visiting the Company at the above mentioned address during official working hours from Sunday to Thursday from 8:30am – 5:30pm.
	2. Email to the Company at: compliance@sidracap.com
	3. Phone call on: + 966 12 602 9988
	+ Client shall submit complaint through either of the modes (a) to (d) stated above, by filling the Client Complaint Form.
	+ The Company will inform the serial number of the complaint to the client for the complaint received.
	+ The Company will inform the client, within 3 business days from the date of receipt of the complaint that the complaint will be dealt with and a response will be provided to the client within 10 business days.
	+ The Company will inform the client in writing, the response and resolution, if any, to the client. In case the client agrees to the resolution, the complaint shall be considered closed after implementation of the resolution. In case, there is no further communication from the complainant within 15 business days from the date of the final written response, the complaint will be considered as closed.

## Client Complaint Form

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| --- |
| Complaint No.: |
| Name of Client: |
| Client Account ID: |
| Date of Complaint: |
| Contact No.:Email: |
| Summary of Complaint/Issue: |
| Client Signature: |

## Complaints Register as on 20\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Complaint No.** | **Complaint Date** | **Client ID** | **Name of Client** | **Responsible Department** | **Response Date** | **Action taken** | **Results** |
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This template of Complaints Register is for Compliance Division’s internal use