

Approved by the CEO of Clearshift UAB
order No. CS-23/22 dated 2023 July 27

CLEARSHIFT UAB CLIENTS COMPLAINTS SETTLEMENT REGULATIONS

1. General provisions

1.1. These Clients complaints settlement regulations (hereinafter – the **Regulations**) establish the procedure for the submission, examination and reply to Client complaints by Clearshift UAB (hereinafter – **the Company**) regarding the Services provided by the Company and/ or the agreements concluded/ to be concluded with it.

1.2. These rules were adopted pursuant to the resolution of the Bank of Lithuania on the APPROVAL OF THE RULES FOR THE EXAMINATION OF COMPLAINTS RECEIVED BY FINANCIAL MARKET PARTICIPANTS since 1st of July 2017. Link to the Law <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.450611/asr> and by the Law of the Republic of Lithuania on Payments Nr. IX-1596, since 30th of June 2023, article 90. Link to the Law <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.89775/asr>.

1.3. Definitions in the Regulations are the same as stated in the up-to-date version of Company 's Terms & Conditions, unless otherwise provided in the Regulations.

1.4. The Company strives for a quick, fair and efficient complaints process. Employees of the Company must avoid conflicts of interest that may affect their objectivity.

1.5. The Company adheres to the deadlines for processing complaints.

1.6. The Company ensures that it will use the personal data and other information provided by the applicant in compliance with the requirements established by legal acts.

2. Submission of complaints

2.1. The Client, believing that the Company has violated his rights or interests protected by law related to the provision of the Services, must contact the Company by email (complaints@clearshift.eu) and fill in the Complaint Form which is provided in Annex 1. The Complaint Form must include the following:

- (i) Contact person's details and details about the Client;
- (ii) the details of the dispute and the supporting documents (if any);
- (iii) clearly stated requirements and requests.

If the circumstances set out in the complaint relate to a specific Client account and/ or payment, such information must be provided as well.

2.2. The Client may also submit a complaint by filling out the request form on UAB Clearshift's website [Link](#) by choosing the "Support" tab.

2.3. After submitting the online form in the "Contact us" section, a responsible employee will contact you and provide information on the further steps.

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2.4. The complaint must be submitted in English or Lithuanian. If the complaint and/ or other documents are submitted in a language other than English or Lithuanian, the Company has the right to request documents to be translated into English or Lithuanian. The translation of documents must be certified by a translator and/ or notarized. Failure to comply with the requirements will result in the complaint not being considered.

2.5. The Company has the right not to consider unsigned complaints, as well as complaints that do not contain sufficient data identifying the Client. In this case, we will contact the complainant using the contact information provided in the complaint form in order to gather additional information.

2.6. In cases where the Company is not responsible for carrying out the activities specified in the applicant's complaint, the Company must respond to the applicant, indicating the reasons for refusing to accept and examine the complaint, and, if possible, indicating to the applicant the financial market participant responsible for examining his complaint.

2.7. The Client has the right to withdraw the complaint at any time.

3. Examination and reply to complaints

3.1. If the complaint is related to the **payment services** provided by the Company, the Company is obliged to consider the written complaint of the user and give a clear and detailed written response via reliable communication no later than **15 business days** from the date of receipt of the complaint. In exceptional cases where, for reasons beyond the control of the Company, it is not possible to provide a response within **15 business days**, an inconclusive response will be sent to the complainant, clearly indicating the reasons for the delay in the response and the period during which the complainant will receive a final response. The deadline for submitting a final response should not exceed **35 business days** from the date of receipt of the complaint.

3.2. In other cases, when the complaint **is not related to the payment services** provided by the Company, the complaint is considered and a written response is provided to the complainant as soon as possible, but no later than **30 calendar days** after receipt of the complaint. In special cases (complaint consideration is difficult), the period for consideration of the complaint may be extended. The complainant will be informed in advance about the extension of the complaint review period, the reasons and the expected response time.

3.3. The handling of complaints is free of charge.

3.4. Responses to complaints are prepared in English or Lithuanian (depending on the language of Complaint).

3.5. The response to the Customer's complaint shall be provided in writing in the same manner as the complaint was received.

3.6. If the Company does not satisfy the Client's requirements or satisfies them in part, in all cases the Company must provide a detailed reasoned written answer based on documents and indicate other means of protection of the Client's interests. Copies of the documents substantiating the answer, which the Client does not have, must be attached to the answer to the Client.

3.7. Repeated or anonymous complaints are not considered.

3.8. In the event that the complaint contains requirements, issues or circumstances that do not fall within the purview of the Company, they shall not be examined and, if possible, the Client shall be directed to an appropriate authority or entity where he or she may apply.

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4. Final Provisions

- 4.1. Handling of complaints is governed by the laws of the Republic of Lithuania.
- 4.2. The CEO is responsible for the implementation of the complaint handling policy as well as the periodic verification and assessment of the effectiveness of the policy, and shall take appropriate measures to correct identified deficiencies.
- 4.3. All employees of the Company who may be affected must be informed of the complaint handling policy.
- 4.4. If the complainant is not satisfied with the Company's response or if the complainant did not receive a timely response, the complainant has the right to apply to the Bank of Lithuania by filling out and signing the Bank of Lithuania's complaint handling form [Link](#);
- 4.5. If the complainant is not satisfied with Company's response to the complaint, the complainant has the right to apply to the court in accordance with the procedure established by the laws of the Republic of Lithuania.
- 4.6. Clearshift UAB must keep the applicants' complaints, the material related to their examination, the document indicating the specific result of the examination of the complaint, and the answer provided to the applicant for at least 3 years from the date of submission of the final answer to the applicant.
- 4.7. This Regulation is intended for internal and external use.

Annex 1 to the CLEARSHIFT UAB CLIENTS COMPLAINTS SETTLEMENT REGULATIONS

Complaint Form

1. In case a Complainant is a Clearshift UAB client - Section I must be completed.

I. IDENTIFICATION OF THE APPLICANT SUBMITTING THE COMPLAINT

Full Legal name:			
Company registration number:			
Clearshift account number:			
Amount disputed:	Currency:	Value date:	
Clearshift Support Case # (if available):			

2. In case a Complainant is not a Clearshift UAB client - Section II must be completed.

II. IN THE CASE OF A COMPLAINT BEING FILED AGAINST A CLEARSHIFT UAB CUSTOMER.

Full Legal name:			
Company registration number:			
Clearshift account number:			
Amount disputed:	Currency:	Value date:	
Clearshift Support Case # (if available):			
APPLICANT CONTACT INFORMATION			
Name, Surname/ Legal name:			
Phone:			
Email:			
Residence address:			

PLEASE SELECT THE APPROPRIATE CLAIM TYPE:

TYPE OF CLAIM (please select the appropriate checkbox and fill in the information)

A.

Funds transferred to Clearshift not fully credited to my Clearshift account:		
Sending account details:	Account title	
	Bank name:	
	Branch:	
	Account nr.	
	Date transfer debited to sending account:	(please attach statement from sending Account)
	Account sent to:	(please attach confirmation from sending Financial Institution)

B.

Unauthorized transfer out of account:		
Clearshift Transaction ID:		
Name of account sent to:		
Is there a current or past business relationship with this beneficiary?	<input type="radio"/> Yes	<input type="radio"/> No
Have you been in contact with the receiving party regarding the transfer in question?	<input type="radio"/> Yes	<input type="radio"/> No
Have you requested a refund from the recipient?	<input type="radio"/> Yes (please attach correspondence)	<input type="radio"/> No

C.

Authorized transfer out of account debited but never received by recipient:	
Clearshift Transaction ID:	
Name of account sent to:	
Account number sent to:	

The last time you contacted the receiving party about the transfer?	Date:	<input type="radio"/> Receiving party was contacted <input type="radio"/> Receiving party was not contacted
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D.

Funds transfer amount error or account balance calculation error:				
Transfer amount:				
Type of transfer:	<input type="radio"/> Transfer in	<input type="radio"/> Transfer out		
Clearshift Transaction ID:				
Amount in Clearshift account:				
Correct amount:	<table border="1"> <tr> <td data-bbox="774 630 943 768"></td> <td data-bbox="943 630 1130 768">Amount send or received in error:</td> </tr> </table>		Amount send or received in error:	
	Amount send or received in error:			
Balance on date:				
	Correct amount:			
	Clearshift amount:	shown		

E.

Incorrect Rates and/ or Fees applied to transaction:	
Clearshift Transaction ID:	
Rate applied:	
Rate that should have been applied:	
Fee charged:	
Fee that should have been charged:	

F.

Other type of complaint:	
Please describe the accident:	

To prove my complaint, I hereby attach the following documents (as applicable):	
1. Documentation of the funds delivered (include any Clearshift confirmation)	Yes/ No
2. Any instruction from you to Clearshift regarding the funds in question;	Yes/ No
3. Any statement from Clearshift regarding the funds in question;	Yes/ No
4. Any claim or inquiry submitted to Clearshift and their response	Yes/ No

Date of Complaint: _____

Signature: _____

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