

Complaint Handling Form

New Millennium Sicav
49, Avenue J.F. Kennedy
L-1855 Luxembourg

The undersigned

Name and Surname:.....

Legal Entity (where applicable):.....

Legal Representative (where applicable)

Date and Place of Birth

Address:.....

Email:.....

Telephone Number:

Sub-fund(s) invested:

ISIN Code:.....

Activity or service to which the complaint refers:.....

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Reason and description of the complaint:

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Attachment:

.....

.....

Date:...../...../.....

Signature