

COMPLAINT FORM

First Name* as in ID/Passport document used upon registration

Last Name* as in ID/Passport document used upon registration

Complainant Email* please use same email address that was used at registration on the Casino platform

Complainant's account details ID/Username

Full address* please state your residential address as per registration on the Casino

City*

Post Code*

Country of residence*

Preferred language*

English ☐

Other: _____

Date of incident* please enter date DD/MM/YY that led to your complaint

Operator Reference: Media Entertainment N.V.

Amount Claimed* please note the amount is **EUR** or if any other currency, please state approximate amount converted to EUR.

Complaint Category

- ☐ Deposit issues
- ☐ Withdrawal issues
- ☐ Bonus terms and conditions
- ☐ Account closures or restrictions
- ☐ Alleged errors or unfairness in game outcomes
- ☐ Responsible gaming issues
- ☐ Treatment of player balances
- ☐ KYC and Verification
- ☐ Data Protection
- ☐ Technical or Software issues
- ☐ AML concerns
- ☐ Issues with minors
- ☐ Fraudulent games
- ☐ Fraudulent practices
- ☐ License or regulation
- ☐ Unfair terms and conditions
- ☐ Withdrawal Issues
- ☐ Other: _____

Details and description of the Case* enter detailed description of your version of the events hereby. Please include as much as possible information and detailing, please provide additional proofs/evidences of your complaint and statement hereby.

Accuracy of information and statement for truth

I verify that the information provided is accurate and true, and that I have not submitted a claim regarding this matter to any other ADR or Court.

YES ☐

NO ☐

Authorizations to Process Personal Data *

I give full consent to Media Entertainment N.V. (The Casino) to process the personal data provided by me and having access to my personal data held by the named operator and the Curaçao Gaming Authority and any relevant third-party service provider for the sole purpose of adequately investigating and settling the dispute. For this purpose, I accept the Casino Privacy Policy.

Signature: _____

Date: _____