

DISPUTE SETTLEMENT PROCEDURE

1. In case of any disputes related to use of the HSA, the parties shall be obliged to observe the claim procedure for dispute settlement.
2. The claim shall include:
 - 1) claimant's requirements;
 - 2) claim amount and its reasonable calculation, if the claim is subject to cash value;
 - 3) circumstances which the requirements are based on and confirming evidence;
 - 4) list of the documents enclosed to the claim and other evidence;
 - 5) other information needed for dispute settlement.
3. The claim shall be considered within 7 (seven) business days from the receipt day.
4. The response to the claim shall include acknowledged and non-acknowledged requirements contained in the claim.
5. Upon full or partial denial of the claim, the response to the claim shall include:
 - 1) reasonable grounds for denial with reference to the relevant regulatory legal acts;
 - 2) evidence for denial;
 - 3) list of the documents enclosed to the response to the claim and other evidence.
6. The claim and the response to the claim shall be submitted in writing using any means of communication that ensure fixing its sending or handed in against receipt.
7. In case of full or partial denial of the claim, actual denial of the claim or late receipt of the response to the claim, the dispute shall be subject to consideration in the arbitration of the self-regulating organization "National Association of the Securities Market Participants" in accordance with its Regulations.