



### GENERAL COMPLAINTS FORM

**Complainant Detail:**

Full Name and Surname: \_\_\_\_\_

Policy / Claim Number: \_\_\_\_\_

Date the event occurred: \_\_\_\_\_

*Please complete in full & indicate method of preferred communication with a X in the applicable box*

Home Telephone Number: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_


**Details where the transaction/incident took place:**

**Description of Complaint:**

Details of person that provided you with the services: \_\_\_\_\_

Estimate financial loss (if any): \_\_\_\_\_

List of your documentation attached relating to your complaint:

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Please insure that this form is completed comprehensively in order to ensure a prompt response and forward to the Compliance Officer at Natsure (Pty) Ltd:

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