



FAIS AND GENERAL COMPLAINTS LODGEMENT 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:

-
-
-
-
-

Please ensure 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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