



# Complaint Notification Form

## Details

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Full name

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ID Number

Policy Number

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Tel

Fax

Cell

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Email

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Representative Name

Company

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Details of Product

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Person(s) you have previously spoken to in connection with your complaint (if applicable)

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Details of complaint (please attach any supporting documentation)

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## Signature

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Signed at

Signature

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**HOSPITALITY, INDUSTRIAL & COMMERCIAL UNDERWRITING MANAGERS**

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