

COMPLAINT SUBMISSION FORM

To: CODE UNDERWRITING AGENCY
61, Akadimias str., 106 79 Athens, Greece
For the attention of: Compliance Officer

Switchboard: + 30 210 339 0354 / FAX: +30 210 3390 356

Email : info@codeins.com

PERSONAL DETAILS OF THE COMPLAINANT

FIRST NAME:		SURNAME:	
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PERSONAL DETAILS OF THE COMPLAINANT

ADDRESS

STREET:		NUMBER:
CITY:		POSTCODE:

CONTACT DETAILS

WORK PHONE:		HOME PHONE:
MOBILE PHONE:		FAX:
E-mail:		

EXISTING CLIENT'S CONTRACT		
NUMBER:		
NATURE OF COMPLAINT:		

COMPLAINT ANALYSSIS

Please describe the facts with extensive details with reference to the dates, the names of people involved and the relevant correspondence:

SUBMISSION DATE:

SIGNATURE: