

COMPLAINT SUBMISSION FORM

To: CODE INSURANCE & REINSURANCE BROKERS S.A.
1, Kifissias Ave., 115 23 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		
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NATURE OF COMPLAINT:		
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