

**Complaints Form /  
Klagte Vorm**

**POLICY HOLDER INFORMATION / POLISHOUER INLIGTING:**

Policy number / Polisnommer:			
Name & Surname / Naam & Van:			
Residential address / Woonadres:			
Postal address / Posadres:			
E-Mail address / E-Posadres:			
Contact numbers / Kontaknommers:			
H:	W:	C:	F:

**NATURE OF COMPLAINT / AARD VAN KLAGTE:**

<input type="checkbox"/> Claim / Eis	<input type="checkbox"/> Premiums / Premies
<input type="checkbox"/> Service of Legalex / Diens van Legalex	<input type="checkbox"/> Service of 3 <sup>rd</sup> Party / Diens van 3de Party
<input type="checkbox"/> The Policy / Die Polis	<input type="checkbox"/> Other / Ander

**PARTICULARS OF COMPLAINT / BESONDERHEDE VAN KLAGTE:**


**OUTCOME DESIRED / UITSLAG VERWAG:**


Member signature / Lid handtekening:

Date / Datum: