

Sanasa Life Insurance Company PLC

Customer Complaint Form

Customer Details

- i. Name in Full:
Mr./Mrs/Rev.....
.....
- ii. Address:
.....
.....
- iii. Contact Number:
Landline..... Mobile:
- iv. Email address (if applicable):
.....
- v. Policy/Proposal Number related to the Complaint.....
- vi. NIC number.....

Details of the Complaint

i. Date /Time /Location of the Event relevant to the Complaint

Date:..... Time:.....

Address of the Location

.....
.....

ii. Description of the event related to the Complaint

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iii. Details of the Officer (within the company) Relevant to the Complaint

Name :.....

Designation:.....

Contact Details (If available).....

Resolution

i. Description of the Resolution

Expected.....
.....
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.....
.....

ii. Documents attached in Support of the Complaint

- | | |
|---------|--------|
| 1. | 4..... |
| 2. | 5..... |
| 3. | 6..... |

I certify that the information given above are true and accurate to the best of my knowledge.

Date.....

Signature