

SUGGESTIONS AND COMPLAINTS FORM

Client Name:.....

Client Unique Identification Number (UIN):.....

Address:.....

Telephone:.....

Please tell us what your complaint is about:

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.....
.....

Date:.....

Client Signature:.....

FOR INTERNAL USE ONLY

REF. NO:

The complaint concerns claim regarding ICF

Yes

No

Details:

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Compliance Officer Comments:

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Managing Director Comments

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Date of communicating the final decision:.....