



GLENRAND M-I-B LIMITED

SUBSIDIARY and ASSOCIATE companies

Licensed Financial Services Providers

COMPLAINT LODGEMENT FORM

COMPLAINANT DETAILS

Full name

Title, First name/s and Surname

Postal Address

Home phone

Work phone

Mobile phone

Postal code

Fax

Glenrand M-I-B ref.

e-mail

e.g. account number

Policy holder

If not complainant

Title, First name/s and Surname

PRODUCT INFORMATION

Product type

e.g. Short-term personal insurance policy / short-term commercial insurance policy

Product supplier

e.g. Insurer name

GLENRAND M-I-B DETAILS

Glenrand M-I-B business unit name and location.

Refer any documentation received

Glenrand staff member/s involved

COMPLAINT DETAILS

Circumstances giving rise to complaint

Estimated financial loss *insert if any*

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Attachments *list if any*

Third party details

Name

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Title, First name/s, Surname

Contact details

*Postal
address*

Telephone

To facilitate a prompt response, please provide as much of the requested information as possible and send the completed COMPLAINT LODGMENT FORM to:

Fax: (011) 329 1651 for attention Glenrand M-I-B Compliance Department **or**

E-mail: complaints@glenrandmib.co.za **or**

Post: Glenrand M-I-B Limited
Compliance Department
P O Box 2544
Randburg
2125