

# **K.M.Dastur Reinsurance Brokers Private Limited**

## **Complaint Form**

Date : \_\_\_\_\_

Mr /Mrs/ Ms. : \_\_\_\_\_

Company : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_

Phone : \_\_\_\_\_ E-mail: \_\_\_\_\_

Complaint  
in brief : \_\_\_\_\_

Signature

----- For Company use only -----

Serial Number : \_\_\_\_\_

Sent to HOD on : \_\_\_\_\_

Remarks:

Head of Department

Remarks:

Head - Customer Relations