

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

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**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