

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