



-completed by Mega Brokers-

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| Αρ. Μητρώου |
| ... / ... / 20... |

Complaints Form

-completed by Client-

| | |
|------------------|----------------------|
| Name* | <input type="text"/> |
| Surname* | <input type="text"/> |
| Company | <input type="text"/> |
| Country* | <input type="text"/> |
| Telephone* | <input type="text"/> |
| E-mail* | <input type="text"/> |
| Insurance class* | <input type="text"/> |

Details of your complaint, suggestions or comments

Please set out your complete complaint, suggestion or comment as clearly as possible. You must tell us what you believe was done wrong and when, giving dates.

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In order to make an accurate assessment of your case please provide Mega Brokers with adequate documentary evidence. Please submit below details of any documents sent with your Complaints Form:

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..... , ,

(*) Required fields

Signed:
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