CUSTOMER COMPLAINT FORM



Sanlam House, Corner of Lubuto and Lungwebungu Roads, Plot 1278 ,Rhodespark, Lusaka | PO Box 31991, Lusaka

T +260 211 257 713 - 15 F +260 211 257 711

1. CUSTOMER DETAILS			
First Names			
Surname			
Title (Mr/Mrs/Ms)	Phone Number		
Address			
Town	Signature		
2. POLICY DE AILS			
	 If compa	ny deduction	
Policy Number	-	oyee Number	
NRC Number Employer			
	If bank o	leduction_	
Bank Account Number Bank Name			
		Bank Branch	
3. DETAILS OF WHAT THE CUSTO	MER COMPLAINT IS		
Office use only			
Complaint received by			By Telephone
Date Received			In Person
Action taken or required			In Writing
Date action completed			By Email
Signature			By Fax