**COMPLAINTS FORM**

We take complaints made against us very seriously and maintain a procedure to ensure that complaints are dealt with promptly and fairly. By following this simple procedure, we can ensure your concerns are dealt with as quickly and effectively as possible.

Please use this form to tell us about your complaint so we can be able to help you. If you are not sure about anything or have any difficulties filling this form, you can get in touch with us by phone o email. This form can be downloaded from our website [www.lifecareinternational.com](http://www.lifecareinternational.com)

1. **Information about yourself**

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| --- | --- | --- | --- |
| Surname |  | Group Name |  |
| Other name (s) |  | Date of Birth |  |
| Contact Address |  | Phone Number |  |
| Email. |  | Alternative Phone number |  |

1. **Particulars of the complaint.**

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1. **Please read and sign this declaration.**

I, hereby authorize Lifecare International Insurance Brokers Limited to hold and use the personal data of the persons above mentioned and do all that is required for the performance of my/ our contract including transfer / processing / sharing of data and personal information to its related companies, insurance providers, reinsurers and business and outsourcing partners . I hereby also authorize Lifecare International Insurance Brokers Limited to keep me informed of news, services, activities, and events implemented by Lifecare International Insurance Brokers Limited

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| --- | --- | --- |
|  |  |  |
| Signature |  | Date |
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