

## COMPLAINT SUBMISSION FORM

To: MATRIX Insurance and Reinsurance Brokers SA / UK Branch / London  
54 Fenchurch street, London EC3M 3JY  
For the attention of: Compliance Department

Switchboard for both Greece and UK: + 30 210 339 0354

Email : [compliance@matrix-brokers.com](mailto:compliance@matrix-brokers.com)

### PERSONAL DETAILS OF THE COMPLAINANT

FIRST NAME:		SURNAME:	
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### PERSONAL DETAILS OF THE COMPLAINANT

#### ADDRESS

STREET:		NUMBER:	
CITY:		POSTCODE:	

#### CONTACT DETAILS

WORK PHONE:		HOME PHONE:
MOBILE PHONE:		FAX:
E-mail:		

EXISTING CLIENT'S CONTRACT		
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NATURE OF COMPLAINT:		
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