



Date received \_\_\_\_\_

(to be completed by the company)

Employee name and signature \_\_\_\_\_

(to be completed by the company)

### COMPLAINT APPLICATION FORM

I, the following signatory \_\_\_\_\_ (name) \_\_\_\_\_ (surname),  
\_\_\_\_\_ (father's name) και της \_\_\_\_\_ (mother's name and surname),  
resident of \_\_\_\_\_ (town), \_\_\_\_\_ (number) \_\_\_\_\_  
(street), Post Code \_\_\_\_\_, with Tax Reg. No \_\_\_\_\_,  
(Tax Authority), \_\_\_\_\_ (phone number) and \_\_\_\_\_ -  
\_\_\_\_\_ (e-mail) submit present complaint form.

I attach present application, certified copy of my ID or Passport so that your company proceeds to confirmation of my identification. Further, I confirm that the information provided with my present application are true, exact and I am the subject to which the abovementioned personal data refer to.

I am  
Client Associate Third Party  
I act in a different capacity  
(please specify \_\_\_\_\_)

My complaint concerns  
Insurance policy number \_\_\_\_\_  
Claim file number \_\_\_\_\_

I would like to inform you that \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(detailed complaint description)

I attach to present application the following documents:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

The complaint form applicant Place \_\_\_\_\_

Signature Date \_\_\_\_\_