ANNICK & SON
Funeral

Complaint Form

BRN: C19168473 | **Toll Free:** 86500

INFORMATION TO BE PROVIDED

To lodge a complaint with the Complaint Coordinator of **Annick & Son Funeral Enterprise Ltd (BRN C19168473 / FSC Licence No: FS24200003**), please complete this form **to the best of your knowledge** and send it to:

By Letter: -

Ronaldo Vieillesse - The Complaint Coordinator
Annick & Son Funeral Enterprise Ltd
7th Floor, NexSky Building, Hotel Street,
Ebène Cybercity, Mauritius

By E-Mail: -

Send to: Ronaldo Vieillesse - The Complaint Coordinator
Email: complaint@asfuneral.com

PROCESSING TIME

The Complaint Coordinator or his staff will contact you or will send you acknowledgment of receipt within 3 working days of receiving your complaint.

As soon as the Complaint Coordinator has obtained all the necessary information for this review, you will receive the results of the review of your complaint within 30 calendar days of receipt. For complaints requiring further investigation, a final response will be provided within a maximum of 2 months from the date of acknowledgment.

It may be necessary for the Complaint Coordinator or his staff to contact you directly. We ask that you include your e-mail address or telephone number where you may be reached in the section of the form provided for this purpose.

Assistance: Should you require additional information or assistance to complete this form, please call the Head Office of Annick & Son Funeral Enterprise Ltd (FSC Licence No: FS24200003) on 464-0084 / 403-4460 during our regular business hours.

PERSONAL INFORMATION CONCERNING THE CUSTOMER FILING THE COMPLAINT

Mrs. ☐ **Mr.** ☐	**First Name:**	**Last Name:**	
Address (No, and Street, apt., City):			
City:	**District:**	**Postal Code:**	**Country:** Mauritius
Date of Birth (DD-MM-YYYY):		**National Identification Card Number:**	
Telephone (Home):	**Telephone (Mobile):**	**E-mail address:**	

If you are acting as agent/mandatary, guardian/tutor, or executor of the insured, you must provide us with a copy of the applicable power of attorney/mandate, will or notarized document identifying you as such.

Relationship with the client (Spouse, Parent, Child, Estate Executor, Agent/Mandatary, etc.)

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SERVICE / PRODUCT-RELATED INFORMATION

Name of Funeral Plan Holder: -	
Name of Funeral Plan Subscribed: -	**Payment Method: -** Branch Payment ☐ / Mobile Banking ☐ / Standing Order ☐

DESCRIPTION OF YOUR COMPLAINT

Explain the nature of your complaint. Indicate the facts that led to the problem. (If necessary, attach additional pages.)

Previous Interventions: -

Have you already contacted anyone working at Annick & Son Funeral Enterprise Limited with regards to your present complaint?

If so, please indicate the name of this person and the date you contacted him/her.

Name:	**Date (DD-MM-YYYY):**

YOUR EXPECTATIONS

What results do you expect to obtain?
What solution do you propose to resolve the complaint?

ESCALATION & EXTERNAL RECOURSE

If you are dissatisfied with the Company's final response, or if your complaint remains unresolved after 2 months from the date of acknowledgment, you have the right to refer the matter to the **Ombudsperson for Financial Services** at: **Email: ombudspersonfs@ofsmauritius.org | Tel: +230 460 0473 | 8th Floor, SICOM Tower, Wall Street, Ebène Cybercity, Mauritius**. This right is without prejudice to any judicial recourse before the competent courts of the Republic of Mauritius.

DECLARATION & AUTHORISATION

By signing this form: I/We hereby declare, on my/our behalf, that the above statements, answers, and/ or particulars that I/We have provided are true and complete to all respects to the best of my/our knowledge and that all sections, rules, and conditions of this complaint form have been read and fully understood.

Signature: ..... **Date:** .....