

# OLD MUTUAL SWAZILAND COMPLAINTS SHEET

Receiving branch		Date	
Policyholder's name			
Policy number(s)			
<b>Customer contact details (preferred method of communication)</b>			
Telephone number			
Email address			
Postal address			

<b>Complaints Category</b>

<b>Complainants argument in support of complaint</b>

<b>How the complainant wishes the complaint to be resolved (outcome)</b>

<b>Old Mutual's response to the complaint</b>		
DATE	WHO	ACTION TAKEN

<b>Outcome of complaint</b>

Customer signature	Date
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<b>FOR OFFICE USE ONLY:</b>
Consultant/OM staff name

## CONTACT US

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