



Synergi Europe
332 Agiou Andreou St
Patrician Chambers, 3035
Limassol, Cyprus

Tel: +357 77788890
E-mail: info@synergi-europe.com
Website: www.synergi-europe.com

COMPLAINT MANAGEMENT - CLIENT GUIDE

1. How to submit a complaint:

All Client complaints must be submitted in writing addressed to the general manager, signed by the complainant or a person authorised to act on behalf of the client and should be as descriptive as possible in respect of the events that led to the filing of the complaint. Complaints which are unsigned and do not contain the name and other details of the complainant will not be considered.

Clients are encouraged to use the Complaints Form attached herein and submit it in any of the following ways:

- A. Electronically at the following email address: info@synergi-europe.com or,
- B. By sending it in writing by post to: 332 Agiou Andreou St, Patrician Chambers, 3035, Limassol, Cyprus

2. Acknowledging a Client Complaint:

The Company will acknowledge receipt of your complaint within two (2) business days of receipt.

Please note that a **unique reference number** will be assigned to your complaint and it must be used in all future correspondence with the Company.

3. Handling a Client Complaint:

Once we acknowledge receipt of a complaint, we will review it carefully and will try to resolve it without undue delay. The general manager may contact the complainant directly in order to obtain further clarifications and information relating to the complaint. The cooperation of the complainant is needed in order to handle the complaint as reasonably and promptly as possible.

All complaints should be resolved promptly and within a maximum of fifteen working (15) days from the date of its official receipt. In case that an answer cannot be provided within the expected time limit mentioned above, we will inform the complainant about the causes of the delay and we will indicate when the Company's investigation is likely to be completed. The additional time limit should not be more than thirty (30) working days from the expiry of the initial deadline of the fifteen (15) working days

4. Decision on a complaint:

We will inform the complainant of the outcome of our investigation together with an explanation of our position and any remedy measures we intend to take (if applicable).

If the complainant is still not satisfied with our final decision, he/she may maintain his/her complaint through the Financial Ombudsman service of the Republic of Cyprus, or any relevant Court.

Contact Details of the Financial Ombudsman of the Republic of Cyprus:

Website: <http://www.financialombudsman.gov.cy>
Email: complaints@financialombudsman.gov.cy
Postal Address: P.O. BOX: 25735, 1311 Nicosia, Cyprus
Telephone: +35722848900
Fax: +35722660584, +35722660118

You may wish to raise your complaint with the Cyprus Insurance Companies Control Service (ICCS); however, it should be noted that the ICCS does not have restitution powers and therefore does not investigate individual complaints.

Contact Details of the Cyprus Insurance Companies Control Service:

Website: <http://mof.gov.cy/en/directorates-units/insurance-companies-control-service>
General email: insurance@mof.gov.cy
Postal Address: P.O. BOX 23364, 1682 Nicosia, Cyprus
Telephone: +357 22602990
Fax: +357 22302938

It is understood that the complainant's right to take legal actions remains unaffected by the existence or use of any complaint's procedures referred to above.

Resolutions of disputes with customers:

In applying high ethical standards, the Company, when providing services to clients acts honestly, fairly and professionally in the client's best interests.

The Company extends every effort to handle client complaints honestly, fairly and professionally in the Clients' best interests. In each and every case the compliance officer and other managers and staff members involved in the complaint investigation should strive to arrive at a mutually satisfying solution should it occur, that a complaint is founded on reasonable grounds and the compensation demanded is reasonable and fair.

COMPLAINTS FORM

DATE:

Client Name:

Policy Number:

Product Provider:

Client Postal Address:

Client Telephone Number:

Client Email:

DETAILS OF THE COMPLAINT

Description of the Complaint: (use a separate sheet if necessary)

FOR OFFICIAL USE ONLY:

Received on:

Received by:

Assigned to:

To reply by