NATIONAL INVESTMENT TRUST LIMITED

Invest in Trust

NATIONAL INVESTMENT TRUST LIMITED

Customer Complaint and Suggestion Form

DATE (DD / MM / YYYY): | | | - | | | - | | | | |

UNIT HOLDER'S INFORMATION :

Name*
Mr. Mrs. Ms. Dr. Other _____:

PLEASE FILL OUT IN CAPITAL LETTERS

Registration Number*: _____ **Telephone / Mobile No*:** _____

ADDRESS*: _____

_____

COMPLAINT(S):

_____

_____

_____

_____

_____

SUGGESTION(S):

_____

_____

_____

_____

_____

Signature*: _____

FOR OFFICIAL USE ONLY

DATE (DD / MM / YY): __ __ / __ __ / __ __ __ __ TIME: _____ : _____ AM / PM

To be filled by NITL representative:

Action Taken:

_____

_____

_____

_____

***Optional**