

CUSTOMER SERVICE**Complaints form****USE AN X TO TICK THE BOX****CLAIM****COMPLAINT****1. Identification of the place where the facts took place**

Office/Department/Service _____

2. Plaintiff's identification (1)Name and surname or business name _____ Identification number _____
Address _____ City _____ Postal code _____
Legal Representative's name and surname (2) _____ Phone number _____(1) In case of more than one person concerned, they will be listed in an attached document and the main claimant will be detailed.
(2) Please, enclose a copy of your powers of representation.**3. Insurance Contract Data (3)**Policyholder's Name:
Policy Number:
Claim Incident Number:

(3) If such data are available

4. Reporting Reason**5. Facts and grounds on which the claim is based** (use an attached document if necessary)**6. Request****7. Attached Documents (contracts and any other supporting documentation)**

I, the undersigned, hereby declare that the present claim or complaint is not pending resolution or litigation nor has been resolved before administrative, arbitration or jurisdictional bodies.

Signature of the interested party or Representative**Place and Date of lodging:** _____, _____

We inform you that the information provided in this form will be processed by the Customer Service of Mediterráneo Vida with the exclusive purpose of this communication in compliance with the Organic Law 15/1999 of December 13th on the Protection of Personal Data. Those personal data will be responsibly filed by Mediterráneo Vida, SA, with postal address at calle Ausó and Monzó, 16, 8ª floor -Edificio Hispania-, 03006 Alicante, Spain where you can address to exercise the rights of access, opposition, rectification or cancellation, if necessary.

The process for resolving complaints and claims is set out in the Regulation for the Protection of Mediterráneo Vida clients, which complies with the provisions of Order ECO 734/2004 of March 11th on Customer Services. If the claim was dismissed or not resolved within one month, you may appeal to the Claims Service of the General Directorate of Insurance and Pension Funds in accordance with the provisions of order ECC / 2502/2012 of November 16.

Please, send to:
SAC_MVida@benedictoyasociados.biz
Mediterráneo Vida – Customer service
Calle Ausó y Monzó, 16, 8ª Planta –Ed. Hispania- 03006 Alicante