Complaints submission form

| Name and Surname/ Company name: |
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| |
| Filing a complaint as: |
| □ policyholder |
| □ insured |
| |
| |
| beneficiary |
| Fiscal code / VAT number: |
| |
| Telephone: |
| E-mail: |
| Address: |
| |
| Insurance company possibly involved and policy number: |
| |
| |
| Claim number possibly involved and reference number by Rise S.r.l. (if available): |
| |
| |
| Usual contact person in Rise S.r.l.: |
| |
| |
| Detailed description of the complaint: |
| |
| |
| |
| |
| List of the attached documents supporting the complaint: |
| List of the attached documents supporting the complaint. |
| |
| |
| |
| Date and signature |
| Dute and signature |

The complaint can be filed with the following modalities:

✓ Via ordinary or registered mail, at:

Rise Srl Via Francesco Ferrucci 8 20145 Milano

✓ Via e-mail to: reclami@risebroker.it

✓ Via PEC, to: <u>risebroker@pec.ultraposta.net</u>