CINSF
COOK ISLANDS NATIONAL SUPERANNUATION FUND

CUSTOMER COMPLAINT FORM

Your Information

RMD Number | CINSF Member Number

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Dr ☐ Other

First name(s)

Surname

Date of Birth (DD/MM/YY) ___ / ___ / ___ Gender ☐ Male ☐ Female

Address Details

Phone Numbers Home Phone | Mobile Phone

Email Address

Nature of complaint

Results of investigation

Email: enquiry@superfund.gov.ck Phone: +682 25515 PO Box 3076, Avarua Rarotonga, Cook Islands
WWW.CINSF.COM

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Action taken

Office Use Only

Officer who received complaint: | Date:

Initials of person investigating Complaint: | Date:

Date complainant contacted with the results of the investigation and action taken

Manager to verify & Sign off _____

Email: enquiry@superfund.gov.ck **Phone: +682 25515** PO Box 3076, Avarua Rarotonga, Cook Islands
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