QUERY FORM

LEGAL NAME:_____ PSEUDONYM:_____

CONTACT NO:_____ FAX NO: _____

EMAIL: _____

HOW RECEIVED: ☐ Tele ☐ Visit ☐ Letter ☐ Fax ☐ Other: _____

NATURE OF QUERY: _____

Please write your query here.

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What would you like COTT to do to solve your query?

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Signature: _____ Date:_____

“ Maximising Member Value”