

**REFERENCE**

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**SECTION A**

**You are filling in this form because you want the Ombud for Financial Services Providers to look at your complaint. Phone us on 012 470 9080 if you need help to complete the form.**

**Tell us about yourself:**

Surname		Title	
First name(s)			
Occupation			
Identity Number:			
Address to which we may send your letter			
Telephone daytime		Cell	
Fax		E-mail	

**Details of anyone complaining with you:**

Surname		Title	
First name(s)			
Occupation			
Identity Number			
Address to which we may send your letter			
Telephone daytime		Cell	
Fax		E-mail	

## SECTION B

Please note:

**By law if your complaint, damage, or loss involves an amount which is more than R800 000-00, we need the following to look at the complaint:**

- (a) Written confirmation from you that you will abandon (forgo) the amount in excess of R800 000-00 or:

**OR**

- (b) Our office will hereto obtain consent from the person against whom you are complaining to allow us to look into your complaint.

**Please complete below if your complaint, damage or loss involves a sum of money beyond R800 000-00.**

<b>Are you prepared to forgo the amount in excess of R800 000-00</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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<b>I am aware that I am not forced to abandon ( forgo) the amount in excess of R800 000-00</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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<b>I am aware that should I choose not to abandon (forgo) the amount, the Ombud will not be able to look at or accept my complaint</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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**Details of the person against whom you are complaining:**

Name of person  
or company

Their address

Phone number

Fax

Your policy number

**SECTION B continued...**

**Give us details of who you dealt with when you were buying the product:**

Name of person or company		
Their address		
Phone number		
	Fax	

**Tell us about the product or service you are complaining about**

Is it Insurance, Unit trusts, investment, or other financial product? **Please tick the appropriate box**

Was it to cover a member of your family or yourself? YES  NO

When was this product or policy sold to you? day month year

Do you have any document/s with you proving that you bought the product? YES  NO

When did you first realise there was a problem? day month year

When did you first complain to the company/person? day month year

Have you instituted legal proceedings in this matter? YES  NO

Has this complaint been sent to other Ombuds other than the FAIS Ombud? YES  NO

If **YES** which Ombud?  Their reference number

**NOTE:**

- (i) IF THE SUBJECT MATTER OF YOUR COMPLAINT IS PENDING BEFORE A COURT OF LAW, PLEASE BE ADVISED THAT THE FAIS OMBUD IS PRECLUDED FROM LOOKING AT IT.
- (ii) PLEASE ENSURE THAT YOU ANSWER ALL THE QUESTIONS CORRECTLY.
- (iii) IF YOU HAVE NOT COMPLAINED TO THE COMPANY OR PERSON OR BANK WE ARE NOT ABLE TO LOOK AT YOUR COMPLAINT.  
**(you must have proof that you have complained to the company or person)**

## SECTION C

**Please tell us what your complaint is about:**

First tell us in just a few words what your complaint is about and then give us the background.

**Remember**

**We do not know anything about your complaint so please give us all the details.**

Please list in date order phone calls, meetings, or letters you have received or exchanged with the person against whom you are complaining. **If you have letters, please enclose them.**

## SECTION D

How would you like your complaint to be resolved? (Outcome expected)

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**Your permission for us to go ahead:**

I would like the FAIS Ombud to investigate my complaint.

I understand that the Ombud or his/her staff may need to exchange information about my complaint with other organisations (for example to find out important information about my case).

Handle complaints in a different way from the court.

May publish examples of where things can go wrong, based on real cases but will always respect my privacy and keep my personal information confidential.

Signature \_\_\_\_\_  
**COMPLAINANT**

Date \_\_\_\_\_

Signature \_\_\_\_\_  
**WITNESS**

Date \_\_\_\_\_

**PLEASE POST THIS FORM TO:**

FAIS OMBUD  
P.O. Box 74571  
Lynnwood Ridge  
0040

- ✓ included everything you want to tell us about your complaint?
- ✓ enclosed a copy of the company's final response letter?
- ✓ enclosed copies of relevant documents?

**Phone:** (012)470 9080  
For security and training purposes, we may monitor or record phone calls

**Fax:** (012)348 3447/470 9097  
**Email:** [Info@faisombud.co.za](mailto:Info@faisombud.co.za)  
**Website:** [www.faisombud.co.za](http://www.faisombud.co.za)

### FOR OFFICE USE

<b>DATE RECEIVED</b>	
<b>FILE NUMBER</b>	
<b>CAPTURED BY</b>	
<b>OFFICIAL RESPONSIBLE</b>	