

COMPLAINT FORM

Please use this form to tell us about your complaint. Should you need assistance to complete the form, kindly contact us on 012 470 9080. The form, together with supporting documentation can be returned via e-mail to info@faisombud.co.za, or via fax on 012 348 3447. Alternatively, you can post it to PO Box 74571, Lynnwood Ridge, 0040.

Please give us your details:

(If you are acting as a representative of the complainant, please attach the necessary power of attorney)

Surname:		Title:	
First Names:			
Identity No:		Occupation:	
Address for corresponding with you:	Address line 1 Address line 2 Town		
Province:		Postal Code:	
Phone number 1:		Phone number 2:	
Email:			

Wherever possible, we would prefer corresponding by email as this minimises delays in corresponding with you. If there is any change in your contact details, kindly notify us immediately.

Details of anyone complaining with you:

Surname:		Title:	
First Names:			
Identity No:		Occupation:	
Address for corresponding with you:	Address line 1 Address line 2 Town		
Province:		Postal Code:	
Phone number 1:		Phone number 2:	
Email:			
Relationship to you:			

Call 080 111 6666 to anonymously report incidences of fraud at the FAIS Ombud

Fairness in Financial Services: Pro Bono Publico

In order for us to assist with your complaint, the total amount you are claiming may not exceed **R800 000, this includes both capital and income**. If this is the case, please take note of the following:

- You will have to forego / abandon, in writing, the amount in excess of R800 000, or
- The person you are complaining against will have to consent to this Office attending to your complaint.

If you do not agree to these terms, this Office unfortunately cannot assist with your complaint.

Please confirm your choice below:

I agree to forego the amount of my claim in excess of R800 000 **YES** _____ **NO** _____

Which financial services provider, advisor or persons are you complaining about?

This can be either:

- The advisor / intermediary who advised you with regards to the product; or
- The product provider for the financial product or investment that was recommended by the advisor / intermediary.

Name:	
Address:	
Contact number:	
Email:	

Is there any other person or business that you are complaining about?

Name:	
Address:	
Contact number:	
Email:	

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Fairness in Financial Services: Pro Bono Publico

Sussex Office Park, c/o Lynnwood and Sussex Avenue, Lynnwood, 0081
P O Box 74571, Lynnwood Ridge, 0040
Phone: (012) 762 5000 / (012) 470 9080; Fax: (012) 348 3447 / (012) 470 9097
www.faisombud.co.za

Please give us the names of the financial product / investment you are complaining about, and provide details of the product provider:

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Very important:

- If you have already approached a Court for assistance, this Office cannot help with your complaint.
- You have to approach the party you are aggrieved with first and provide them with a period of 6 weeks to resolve the matter before this Office can help with your complaint.
- Please ensure that proof of this is attached to your complaint.

What type of financial product was sold to you? <small>(This can include investments, long term insurance, short term insurance, retirement products, forex products, medical schemes or others)</small>	
The date when the financial product was sold to you:	
When did you first realise there was a problem?	
When did you first complain to the company / person?	
Have you approached the Courts for assistance?	
Has the complaint been referred to any other Ombud?	
If yes, please indicate which Ombud and provide us with their reference number:	

Tell us about your complaint – what happened? (Provide as much detail as possible, and feel free to expand in an annexure, if there is insufficient space. The documents you annex hereto will be deemed to form part of your complaint form)

When providing details of your complaint, please focus on the following:

[Call 080 111 6666 to anonymously report incidences of fraud at the FAIS Ombud](tel:0801116666)

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How have you been affected – financially or otherwise?

How would you like the financial services provider or persons being complained about to put things right for you?

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Finally, please read this declaration:

- I would like the FAIS Ombud to look into my complaint and give this Office permission to investigate my complaint.
- To the best of my knowledge, everything I have told you is correct.
- I understand that, to help resolve my complaint, you will need to use and keep personal information about me.
- I understand this might include collecting information about me from the financial services provider, advisor or persons I've complained about and sharing information with other parties.
- In terms of the provisions of the Protection of Personal Information Act 4 of 2013, all personal information will be appropriately handled by this Office and only be used for the purpose for which it was collected. In this respect I understand that the Ombud or his staff may need to exchange information about my complaint with other Organisations and may publish examples based on real cases, but will strive to respect my privacy and keep my information confidential wherever possible.

I agree to the declaration above.

COMPLAINANT 1:

SIGNATURE

DATE

COMPLAINANT 2:

SIGNATURE

DATE

The FAIS Ombud's objective is to consider and dispose of complaints by clients against financial services providers. The process is procedurally fair, informal, economical and expeditious and its foundation is equitable in all circumstances.

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