

## **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) 762 5000 / (012) 470 9080, Sharecall 086 066 3274 The form, together with supporting documentation can be returned via e-mail to <a href="mailto:info@faisombud.co.za">info@faisombud.co.za</a>, or via fax on 012 348 3447. Alternatively, you can post it to PO Box 41, Menlyn Park, 0063.

In terms of the requirements set in the Protection of Personal Information Act 4 of 2013, (POPIA) everyone has the right to privacy, including the right to the lawful collection, retention, dissemination and use of one's Personal Information. To give effect to this right, the FAIS Ombud is under a duty to provide you with various details in respect of the processing of your Personal Information, before such information is processed, which details are set out in FAIS Ombud's POPIA Policy. By providing the FAIS Ombud with your personal details, and if you act as legal guardian of a minor below the age of 18 years old, you consent to the FAIS Ombud processing your, and where applicable, that of the minor's Personal Information, which the FAIS Ombud undertakes will be done in accordance with the said notice. To view the FAIS Ombud's complete POPIA Policy online, visit www.faisombud.co.za A hard copy is available upon request.

## 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:			1	
Identity No:		Occupation:		
Address for corresponding with	Address line 1			
you:	Address line 2			
	Town			
Province:			Postal Code:	
Phone number 1:		Phone number 2:	1	
Email:		1		
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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:	Occ	cupation:		

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Address for	Address	line 1											
corresponding with you:	Address	line 2											
,	Town												
	Town												
Province:										Postal			
										Code:			
Phone number 1:						Phone nur	mber 2:						
Email:													
Relationship to you:													
<ul> <li>You will have</li> <li>The person year</li> <li>If you do not agree</li> <li>Please confirm you</li> <li>I agree to forego the</li> </ul>	to foregou are co to these	o / aband omplainin e terms, the below:	don, in w ng agains his Offic	vriting, st will h	the ai ave to	mount in consent	excess to this	of R80 Office	00 000 atten	, or ding to		complaii	nt.
Which financial serve This can be either: The advisor / in The product pro	termedia	ry who ad	lvised you	u with re	egards	to the pro	oduct; c	or		the advis	sor / ir	ntermedi	ary.
Name:													
Address:													
Contact number:													
Email:													

s there any other person or business that you are complai	ning about?
Name:	
Address:	
Contact number:	
Email:	
Please give us the names of the financial product / investment of the product provider:	ent you are complaining about, and provide details
<ul> <li>Very important:</li> <li>If you have already approached a Court for assistan</li> <li>You have to approach the party you are aggrieved weeks to resolve the matter before this Office can help the proof of this is attached to your</li> </ul>	with first and provide them with a period of 6 lelp with your complaint.
What type of financial product was sold to you?	
(This can include investments, long term insurance, short term insurance, retirement products, forex products, medical schemes or others)	
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:
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**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:

- Do you believe the advice and / or recommendation made was appropriate?
- If not, provide details of why the advice or recommendation made was inappropriate.
- What were the reasons for purchasing the financial product or making the investment, and the source of the funds used for the financial product or investment?
- What was your understanding of the financial product or investment recommended?
- What was disclosed to you with regards to the nature of the product and the risks involved?
- Were you provided with a copy of the record of advice and the product information documentation?
- Please provide this Office with copies of any and all documentation that will assist in the investigation of the complaint.

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•	en affected – financially or otherwise?
How would you like	ke the financial services provider or persons being complained about to put things right fo
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you?	the infancial services provider of persons being complained about to put things right for
	the infancial services provider of persons being complained about to put things right for

## 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 abo	ove.	
COMPLAINANT 1:	SIGNATURE	DATE
COMPLAINANT 2:	SIGNATURE	DATE
·	·	complaints by clients against financial services pnomical and expeditious and its foundation is mostances.

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