

# 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 [info@faisombud.co.za](mailto:info@faisombud.co.za). 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](http://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)

<b>Surname:</b>		<b>Title:</b>	
<b>First Names:</b>			
<b>Identity No:</b>		<b>Occupation:</b>	
<p><b>Do you have any vulnerabilities we should be aware of?</b> _____  A copy of the FAIS Ombud's Vulnerable Consumer Policy can be viewed at <a href="http://www.faisombud.co.za">www.faisombud.co.za</a></p>			
<b>Address for corresponding with you:</b>	Address line 1 Address line 2 Town		
<b>Province:</b>		<b>First Language:</b>	
		<b>Postal Code:</b>	
<b>Phone number 1:</b>		<b>Phone number 2:</b>	
<b>Email:</b>			

Wherever possible, we would prefer to correspond by email, as this minimizes delays. If your contact details change, kindly notify us immediately.

**Call 0800 114 711 to anonymously report incidences of fraud at the FAIS Ombud**

Fairness in Financial Services: Pro Bono Publico

**Information required for statistical purposes only**

Age: _____ Gender: _____
Race: Black <input type="checkbox"/> White <input type="checkbox"/> Coloured <input type="checkbox"/> Asian/Indian <input type="checkbox"/>
I live in a: rural/farm area <input type="checkbox"/> small town <input type="checkbox"/> Large Town <input type="checkbox"/> City <input type="checkbox"/>
Education: No Matric <input type="checkbox"/> Matric <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Post Graduate degree <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/>
Salary Range per Annum: 0-80 000 <input type="checkbox"/> 80 000 – 250 000 <input type="checkbox"/> 250 000-500 000 <input type="checkbox"/> 500 000 – 1 000 000 <input type="checkbox"/> 1 000 000+ <input type="checkbox"/>

**Details of anyone complaining with you:**

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

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Phone: (012) 762 5000 | Sharecall: 086 066 3274  
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.

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

**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:**

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**How did you learn about the Office of the FAIS Ombud?**

Word of Mouth <input type="checkbox"/> Internet <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Magazine <input type="checkbox"/> My Financial Services Provider <input type="checkbox"/> Broker <input type="checkbox"/> Other Ombud Scheme <input type="checkbox"/> Other <input type="checkbox"/> _____
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**FAIS Ombud Rules**

A copy of the Ombud Council Rules for the Ombud for Financial Services Providers is available online at <a href="http://www.faisombud.co.za">www.faisombud.co.za</a> .
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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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