

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 FAIS (3247). 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	Address line 1			
you:	Address line 2			
	Town			
Province:			Postal Code:	
Phone number 1:		Phone number 2:		
Email:		I		

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	Address line 1		
you:	Address line 2		
	Town		
Province:			Postal
			Code:
Phone number 1:		Phone number 2:	
Email:			

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

Relationship to you:			
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 t	hese terms, this Office unfortunately cannot assist with your complaint.		
Please confirm your ch	oice below:		
I agree to forego the amount of my claim in excess of R800 000 YES NO			
Which financial services	s provider, advisor or persons are you complaining about?		
This can be either:	promotification of persons are you complaining about		
	nediary who advised you with regards to the product; or		
	er 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:			

Please give us the names of the financial product / investme	ent you are complaining about, and provide detail
of the product provider:	, , , , ,
Very important:	
 If you have already approached a Court for assistant You have to approach the party you are aggrieved weeks to resolve the matter before this Office can h 	with first and provide them with a period of 6
 Please ensure that proof of this is attached to your of 	· · · · · · · · · · · · · · · · · · ·
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:	
Tell us about your complaint — what happened? (Provide a innexure, if there is insufficient space. The documents you annexorm)	
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.

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?

inally, please read this declara	tion:	
 my complaint. To the best of my know I understand that, to he about me. I understand this might advisor or persons I've or in terms of the provision information will be approved was collected. In this information about my or information about my or information about my or information. 	ledge, everything I have told Ip resolve my complaint, you include collecting informatio complained about and sharin ons of the Protection of Peropriately handled by this Officespect I understand that the complaint with other Organismespect my privacy and keep	you is correct. will need to use and keep personal information n about me from the financial services provider, g information with other parties. rsonal Information Act 4 of 2013, all personal ice and only be used for the purpose for which it ne Ombud or his staff may need to exchange ations and may publish examples based on real my information confidential wherever possible.
COMPLAINANT 1:	SIGNATURE	DATE
COMPLAINANT 2:	SIGNATURE	DATE
-	•	complaints by clients against financial services nomical and expeditious and its foundation is mstances.