



4th Floor
Riverwalk Office Park
Block A, 41 Matroosberg Road
Ashlea Gardens
PRETORIA
SOUTH AFRICA
0181

P.O. Box 580, **MENLYN**, 0063
Tel: 012 748 4000 // 346 1738 Fax: 086 693 7472
E-Mail: enquiries@pfa.org.za
Website: www.pfa.org.za

COMPLAINT FORM

NOTE

In terms of section 30A of the Act, before lodging a complaint with our Office, you may first lodge the complaint in writing with the fund/administrator to allow it an opportunity to resolve the complaint directly with you.

COMPLAINANT'S DETAILS

Surname:			
Full Name/s:			
Identity Number			
Postal Address			
			Postal Code:
Residential Address: (if not same as postal)			
			Postal Code:
Contact details:	Phone Number:		
	Alternative Number:		
	Email address:		
	Fax Number:		

Please notify us immediately when there is a change of personal contact details on your side

FUND / ADMINISTRATOR DETAILS

Name and Contact details of the Fund:	
Name and Contact details of the Administrator	

EMPLOYER'S DETAILS

Name of the Company:		
Address of Company:		
		Code:
Contact Details of Company:	Tel:	
	Fax:	
	Email:	
	Contact person:	
Date of Joining the Company:		
Date of Leaving the Company:		

SUPPORTING DOCUMENTS: ATTACHED

General documents required:	ID of complainant and/or member belonging to the fund	
	Fund benefit statement / Payslip	
	Correspondence to and from the fund / administrator / Employer	
Divorce Matters	Divorce Order with Settlement Agreement	
Retirement Annuity	Policy Number / Copy of policy investment statement	
Disability Matters	Copy of Disability finding / Report	
Death Benefit Matters	Copy of Member's Death Certificate	
	Copy of ID/birth certificates of minors	

DETAILS OF COMPLAINT

A. BACKGROUND INFORMATION (please attach a letter if not enough space)

[illegible]

[illegible][illegible]

In addition to the above, kindly TICK the relevant box:

1. Have you instituted legal (court) proceedings in this matter? Yes ☐ No ☐
- If "Yes", in which Court (name): _____ Case no. _____
2. Has this complaint been sent to any other Ombud? Yes ☐ No ☐
- If "Yes", which Ombud (name): _____ Ref: _____
3. Did you address the relevant retirement fund or administrator in writing for a resolution of your complaint before lodging it with the OPFA? Yes ☐ No ☐
- If "Yes", you **must** provide proof of such correspondence held.
- If "No", your complaint will first be referred to the retirement fund or administrator for a possible resolution of your complaint within 30 days. If not resolved after 30 days, it will be further investigated by the OPFA.

By lodging this complaint form you agree to the following:

- ☐ You wish the OPFA to investigate your complaint on your behalf;
- ☐ Information submitted by you to this Office will be used solely for the purpose of investigating and adjudicating your complaint;
- ☐ We will at all times respect your privacy and keep your personal information confidential;
- ☐ You give consent to this Office to forward any information submitted by you to the office with the correct jurisdiction, if the complaint does not fall within this office's mandate;
- ☐ Where your complaint does fall under this Office's jurisdiction that this office may share information submitted by you with any of the relevant parties involved in the complaint to find out important information about your case – this consent will also include details of minor children (if applicable), i.e. birth certificates of minors or any similar document, where they are beneficiaries with regards to death benefit claims;
- ☐ You have the right to object to the sharing of your personal information with other parties. Should this be the case, then this Office will not be able to investigate your complaint and your file may be closed.

DATE

SIGNATURE