

ANNEXURE A

Complaints Registration Form

Client details:

| | | | |
|---|--|--------|--|
| Surname: | | Title: | |
| First Name(s): | | | |
| Occupation: | | | |
| Identity Number: | | | |
| Address/Email to which we may communicate with you: | | | |
| Telephone (daytime) | | Cell: | |

Details of the person/s against whom you are complaining:

| | |
|-------------------------------------|--|
| Name of Person: | |
| Position/Role e.g. Advisor/Admin | |

Details about the product or service you are complaining:

| | |
|---|--|
| Financial product Insurance/Retirement/Investment/Deposit etc. | |
| Reference/Account no | |
| Brief description of the complaint | |
| When did you first realise the problem | |
| Did you complain before? Give date and name of person | |
| Provide full details about the complaint or attach a letter providing the following: List in date order the phone calls, meetings, or letters you have received or exchanged with the person against whom you are complaining. | |
| Reference of documents attached e.g. Annexures A, B etc. with description | |

| | |
|---------------------------|--|
| Client name and signature | |
| Date signed | |

Signed and adopted by the Board on _____