

REFERENCE

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SECTION A

You are filling in this form because you want the Ombud for Financial Services Providers to look at your complaint. Phone us on 012 470 9080 if you need help to complete the form.

Tell us about yourself:

Surname		Title	
First name(s)			
Occupation			
Identity Number:			
Address to which we may send your letter			
Telephone daytime		Cell	
Fax		E-mail	

Details of anyone complaining with you:

Surname		Title	
First name(s)			
Occupation			
Identity Number			
Address to which we may send your letter			
Telephone daytime		Cell	
Fax		E-mail	

SECTION B

Please note:

By law if your complaint, damage, or loss involves an amount which is more than R800 000-00, we need the following to look at the complaint:

- (a) Written confirmation from you that you will abandon (forgo) the amount in excess of R800 000-00 or:

OR

- (b) Our office will hereto obtain consent from the person against whom you are complaining to allow us to look into your complaint.

Please complete below if your complaint, damage or loss involves a sum of money beyond R800 000-00.

Are you prepared to forgo the amount in excess of R800 000-00	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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I am aware that I am not forced to abandon (forgo) the amount in excess of R800 000-00	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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I am aware that should I choose not to abandon (forgo) the amount, the Ombud will not be able to look at or accept my complaint	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Details of the person against whom you are complaining:

Name of person
or company

Their address

Phone number

Fax

Your policy number

SECTION B continued...

Give us details of who you dealt with when you were buying the product:

Name of person or company			
Their address			
Phone number		Fax	

Tell us about the product or service you are complaining about

Is it Insurance, Unit trusts, investment, or other financial product? **Please tick the appropriate box**

Was it to cover a member of your family or yourself? YES NO

When was this product or policy sold to you? day month year

Do you have any document/s with you proving that you bought the product? YES NO

When did you first realise there was a problem? day month year

When did you first complain to the company/person? day month year

Have you instituted legal proceedings in this matter? YES NO

Has this complaint been sent to other Ombuds other than the FAIS Ombud? YES NO

If **YES** which Ombud? Their reference number

NOTE:

- (i) IF THE SUBJECT MATTER OF YOUR COMPLAINT IS PENDING BEFORE A COURT OF LAW, PLEASE BE ADVISED THAT THE FAIS OMBUD IS PRECLUDED FROM LOOKING AT IT.
- (ii) PLEASE ENSURE THAT YOU ANSWER ALL THE QUESTIONS CORRECTLY.
- (iii) IF YOU HAVE NOT COMPLAINED TO THE COMPANY OR PERSON OR BANK WE ARE NOT ABLE TO LOOK AT YOUR COMPLAINT.
(you must have proof that you have complained to the company or person)

SECTION C

Please tell us what your complaint is about:

First tell us in just a few words what your complaint is about and then give us the background.

Remember

We do not know anything about your complaint so please give us all the details.

Please list in date order phone calls, meetings, or letters you have received or exchanged with the person against whom you are complaining. **If you have letters, please enclose them.**

SECTION D

How would you like your complaint to be resolved? (Outcome expected)

Protection of Personal Information Act 4 of 2013

The FAIS Ombud is bound by the provisions of the Protection of Personal Information Act 4 of 2013 (POPI). All personal information collected will be appropriately handled and will only be used for the purpose for which it was collected.

Your permission for us to go ahead:

I would like the FAIS Ombud to investigate my complaint.

I understand that the Ombud or his/her staff may need to exchange information about my complaint with other organisations (for example to find out important information about my case).

Handle complaints in a different way from the court.

May publish examples of where things can go wrong, based on real cases but will always respect my privacy and keep my personal information confidential.

Signature _____
COMPLAINANT

Date _____

Signature _____
WITNESS

Date _____

PLEASE POST THIS FORM TO:

FAIS OMBUD
P.O. Box 74571
Lynnwood Ridge
0040

- ✓ included everything you want to tell us about your complaint?
- ✓ enclosed a copy of the company's final response letter?
- ✓ enclosed copies of relevant documents?

Phone: (012) 762 5000
(012) 470 9080

Fax: (012) 348 3447
(012) 470 9097
(086) 764 1422

For security and training purposes,
we may monitor or record phone
calls

Email: info@faisombud.co.za
Website: www.faisombud.co.za

FOR OFFICE USE

DATE RECEIVED	
FILE NUMBER	
CAPTURED BY	
OFFICIAL RESPONSIBLE	