

## COMPLAINT 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

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**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 person

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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.

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Reference of  
documents attached  
e.g. Annexures A, B etc.  
with descriptions

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Client name and  
signature

Date signed