

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

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

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 descriptions

Client name and
signature

Date signed