

COMPLAINT LODGEMENT FORM

Please provide your details:

Full Name : _____
ID Number : _____
Cellphone Number : _____
Email Address : _____

How will you like for us to communicate with you regarding this Complaint?

☐ SMS ☐ E-mail ☐ Phone Call ☐ Other, if so state the method: _____

Do you have preferred times for us to contact you? If so, state the preferred days and time:

Which of the following describes you in relation to this Complaint?

- ☐ I am the Client
- ☐ I am the Successor in Title or the Beneficiary of the Client
- ☐ I am the Policyholder
- ☐ I am the Successor in Title of the Policyholder
- ☐ I am the Insured
- ☐ I am the Payer of the premium or the investment amount
- ☐ I am the Member
- ☐ I am none of the above but my dissatisfaction relates to the approach, solicitation marketing or advertising material or an advertisement in respect of a financial product, financial service or related service of the provider (ie. our brokerage)
- ☐ I am acting on behalf of one of the person's mentioned above, if so provide the full details of the Complainant and their preferred method of communication:

Full Name : _____
ID Number : _____
Cellphone Number : _____

Email Address _____

Preferred Method of Communication: ☐ SMS ☐ E-mail ☐ Phone Call ☐ Other _____

Tell us who the Complaint is against

Our Brokerage ☐ State the name of your Advisor: _____

A Service Supplier ☐ State the name of the Service Supplier: _____

Note: A Service Supplier means any person, other than a representative, with whom a provider (ie. our FSP) has an arrangement relating to the marketing, distribution, administration or provision of financial products, financial services or related services (example: insurance companies, underwriters, administrators, collection agencies, advertising agents etc)

What does the Complaint relate to?

- ☐ The design of a financial product, financial service or related service, including fees, premiums or other charges related to that financial product or financial service.
- ☐ Information provided to clients;
- ☐ Advice provided by the sales representatives;
- ☐ Financial Product or Financial Service performance;
- ☐ Service to clients, including complaints relating to premium or investment contribution collection or lapsing of a financial product;
- ☐ Financial product accessibility, changes or switches, including redemptions of investments;
- ☐ Complaints handling process or procedure;
- ☐ Insurance risk claims, including non-payment of claims; and
- ☐ Other _____

How will you like for us to resolve the Complaint?

- ☐ Uphold the Complaint wholly



The Company That Insures Your Needs Wisely
FSP No. 13591

 Sarabeah House, 1st Floor, 333 Randles Road, Overport

insurewise.biz

✉ sales@insurewise.biz

 Tel : +27 31 207 8787

- ☐ Uphold the Complaint partially
- ☐ Receive a Compensation Payment (this payment is based on a proven or estimated financial loss and will be made only where we accept liability)
- ☐ Goodwill Payment (this payment is made in good faith however we do not accept liability)
- ☐ Payment Contractually due (This payment is due contractually in terms of the financial product or financial service concerned)
- ☐ Refund (This payment is the refund of an amount paid by or on behalf of the Complainant to the provider where such payment was not contractually due.)

Tell us what the Complaint is about, providing as much detail as possible. Don't forget to include dates, names of persons whom are involved, full amounts etc:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



FSP No. 13591

 Tel : +27 31 207 8787

Supporting Documents

Please attach all documentary evidence on which the Complaint is based. We cannot investigate the Complaint without these documents.

List your supporting documents below and do not forget to attach it to this Form:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Previous Complaint on the same issue

Please indicate whether this is the first complaint of this nature or whether you have complained regarding this matter to any other party previously and if so, provide full details of the outcome thereof:

Declaration and Signature

I confirm that all the information and details pertaining to my Complaint is true and correct.



🏠 Sarabeah House, 1st Floor, 333 Randles Road, Overport

🌐 insurewise.biz

✉ sales@insurewise.biz

☎ Tel : +27 31 207 8787

Signature of Complainant

Date

Please submit this document via the following methods:

Email to: info@insurewise.biz_____

Hand Deliver to: Sarabeah House, Suite 4, 333 Randles Road, Overport, Durban, 4067_____