



## COMPLAINT FORM

### Complainants' information

<b>Name:</b>	
<b>Email address:</b>	
<b>Contact number:</b>	
<b>I.D Number:</b>	
<b><u>Spouse information</u></b>	
<b>Name:</b>	
<b>Email address:</b>	
<b>Contact number:</b>	
<b>I.D Number:</b>	

### Complaint information

<b>Complaint date:</b>	
<b>Received by:</b>	

### Type of complaint:

Product or service	
Information provided	
Relating to advice given	
Product performance	
Customer service	
Product accessibility, changes or switches	
Complains handling	
Insurance risk claims	
Other (please describe fully) below:	

**Details of complaint**

Please describe in as much detail necessary the reasons for your complaint:

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**Please describe in as much detail as necessary your desired outcome or what you would like to achieve.**

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**Please indicate any other factors you would like us to consider:**

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**Documentation**

Please provide us with all documentation related to your claim or which you believe would assist us in resolving your query. Please list them below:


**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:**

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**Declaration**

Our complaints management framework is based on provisions as set out in relevant legislation and the principles of Treating Customers Fairly.

On receipt of the required information, we will promptly investigate your complaint and provide you with written feedback.

We aim to consistently deliver a professional service, and therefore we invite any feedback or suggestions as to how we can improve our complaints resolution process.

You declare that all information submitted is accurate and relevant.

Further, you consent the processing of your personal information in the resolution of your conflict. Failing which, we will be unable to effectively facilitate the complaint.

Signed at \_\_\_\_\_ on the \_\_\_\_ day of \_\_\_\_\_ 202\_\_.