

COMPLAINT FORM



Personal details

Full name	<input type="text"/>
Identity number	<input type="text"/>
Home address	<input type="text"/>
	Code:
Postal address	<input type="text"/>
	Code:
Home telephone	<input type="text"/>
Work telephone	<input type="text"/>
Cell phone number	<input type="text"/>
Facsimile number	<input type="text"/>
Email address	<input type="text"/>

Key information relevant to complaint

Branch details: (please tick relevant branch)

Cape Town	<input type="checkbox"/>
Johannesburg	<input type="checkbox"/>

Details of division: (please tick relevant division)

Investment consulting services	<input type="checkbox"/>
Independent risk services	<input type="checkbox"/>
Data services	<input type="checkbox"/>
Transition services	<input type="checkbox"/>

Complaint details

Please provide details of complaint

(Details of complaint continued – if required)

If space is not adequate, please provide details on a separate sheet of paper. Any supporting documents should be attached and listed. Please list all attached documents for record purposes:

1
2
3
4

In order for complaints to be processed timeously, please complete all information required on this form and ensure that all the information has been provided and received by the nominated Compliance Officer.

All the information contained herein is to the best of my knowledge factually correct and given of my own free will. I also consent to any information herein being shared with other entities within RisCura to the extent that is necessary for the resolution of the complaint.

I have read and understand the RisCura complaints policy.

Signature	<input type="text"/>
Date	<input type="text"/>
Time	<input type="text"/>
Place	<input type="text"/>

Please forward the completed form to :

Malcolm Fair
 Telephone number: 021 673 6999
 Facsimile: 021 673 6998
 Email address: mfair@riscura.com

For office use only	
Date of letter	<input type="text"/>
Date of receipt of letter	<input type="text"/>
Reference number	<input type="text"/>
Responsible person	<input type="text"/>