

Complaint form

Personal details

Full name _____

Identity number _____

Home address _____

Postal address _____

Home telephone _____

Work telephone _____

Cell phone number _____

Email address _____

Key information relevant to complaint

Branch details: (please tick relevant branch)

Cape Town Johannesburg

Details of division: (please tick relevant division)

Investment Analytics Investment Accounting

Investment Advisory Transition Management

Independent Valuations

Complaint details

Please provide details of your 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 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 _____
Date _____
Time _____
Place _____

Please forward the completed form to:

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

For office use only

Date of letter _____
Date of receipt of letter _____
Reference number _____
Responsible person _____