

COMPLAINT FORM

Please use this form to tell us about your complaint. Should you need assistance to complete the form, kindly contact us on (011)326-3992. The form, together with supporting documentation can be returned via e-mail to henriette@pvb.co.za.

Please give us your details:

(If you are acting as a representative of the complainant, please attach the necessary power of attorney)

Surname:			Title:	
First Names:				
Identity No:		Occupation:		
Address for corresponding with you:	Address line 1 Address line 2 Town			
Province:			Postal Code:	
Phone number 1:		Phone number 2:		
Email:				

Wherever possible, we would prefer corresponding by email as this minimises delays in corresponding with you. If there is any change in your contact details, kindly notify us immediately.

Details of anyone complaining with you:

Relationship to you:	
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Surname:			Title:	
First Names:				
Identity No:		Occupation:		
Address for corresponding with you:	Address line 1 Address line 2 Town			
Province:			Postal Code:	
Phone number 1:		Phone number 2:		
Email:				

Which financial services provider, advisor or persons are you complaining about?

This can be either:

- The advisor / intermediary who advised you with regards to the product; or
- The product provider for the financial product or investment that was recommended by the advisor / intermediary.

Name:	
Address:	
Contact number:	
Email:	

Is there any other person or business that you are complaining about?

Name:	
Address:	
Contact number:	
Email:	

Please provide us with the names of the financial product / investment you are complaining about, and provide details of the product provider:

What type of financial product was sold to you? (This can include investments, long term insurance, short term insurance, retirement products, forex products, medical schemes or others)	
The date when the financial product was sold to you:	
When did you first realise there was a problem?	
When did you first complain to the company / person?	
Have you approached the Courts for assistance?	
Has the complaint been referred to any other Ombud?	
If yes, please indicate which Ombud and provide us with their reference number:	

Tell us about your complaint – what happened? (Provide as much detail as possible, and feel free to expand in an annexure, if there is insufficient space. The documents you annex hereto will be deemed to form part of your complaint form.)

[illegible]

How have you been affected – financially or otherwise?

How would you like the financial services provider or persons being complained about to put things right for you?

COMPLAINANT 1:	SIGNATURE	DATE
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COMPLAINANT 2:	SIGNATURE	DATE
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