



FINANCIAL SERVICES BOARD

REGISTRAR OF FINANCIAL SERVICES PROVIDERS COMPLAINT FORM

SECTION A

You are filling in this form because you want to alert the Registrar of Financial Services Providers (the Registrar) of any actions of financial services providers that might be in contravention of the Financial Advisory and Intermediary Services Act 37 of 2002.

The Registrar can only investigate and take regulatory action against transgressors of the Financial Advisory and Intermediary Services Act 37 of 2002, which action may include but is not limited to the following: the suspension or withdrawal of authorization of financial services providers, the debarment of individuals, the issuing of fines and penalties or a referral for criminal prosecution. The Registrar's details in this regard are as follows:

Website: www.fsb.co.za

Email: faiscomplaints@fsb.co.za

Tel: 012 428 8000

Fax: 012 422 2973

Please note that the Registrar cannot assist you with any recourse or dispute resolution such as the claiming of damages and reclaiming of funds as a result of bad advice or any untoward actions of your service providers as this is the work of the various Ombuds.

If the aim of your complaint is to seek *assistance and recourse* due to being treated unfairly, being prejudiced against or suffering damages you may call the **Financial Complaints Hotline on 086 066 2837** and they will direct you to the correct Ombud that will assist with your complaint.

Your details:

Surname			Title	
First name(s)				
Occupation				
Identity Number				
Address to which we may send your letter				
Telephone daytime		Cell		
Fax		E-mail		

SECTION B**Details of the company/person against whom you are complaining:**

Name			
Registration/ID nr			
FSP nr			
Address			
Phone number		Fax	
Email			
Your policy/investment number			

Tell us about the product or service you are complaining about (Please tick the appropriate box)

Which of the following product categories best describes the financial product that was offered:

Long-term Insurance (i.e. life policies, funeral policies etc.)	
Short-term Insurance (i.e. car insurance, household insurance etc.)	
Pension Fund Benefits	
Securities and Instruments: Shares	
Securities and Instruments: Money market instruments	
Securities and Instruments: Debentures and securitised debt	
Securities and Instruments: Warrants, certificates and other instruments.	
Securities and Instruments: Bonds	
Securities and Instruments: Derivative instruments excluding warrants	

Participatory Interests in Collective Investment Schemes	
Forex Investment Business	
Health Service Benefits	
Long-term Deposits	
Short-term Deposits	
Friendly Society Benefits	
Other:	

When was this product or policy sold to you?

day	month	year

Do you have any document/s proving that you bought the product?

YES NO

When did you first realise there was a problem?

day	month	year

When did you first complain to the company/person?

day	month	year

Have you instituted legal proceedings in this matter?

YES NO

Has this complaint been sent to an Ombud?

YES NO

If **YES** which Ombud?

Their reference number

SECTION C

Please tell us what your complaint is about:

Tell us in just a few words what your complaint is about and give us some background. **If there isn't enough space please attach a letter that explains your complaint.**

Remember: We do not know anything about your complaint so please give us all the details.

Please list in date order phone calls, meetings, or letters you have received or exchanged with the person against whom you are complaining. **If you have letters or any other documentation, please attach it. If there isn't enough space please attach a letter that details the date order of events.**

SECTION D**Your permission for us to go ahead:**

I would like the Registrar to investigate my complaint.

I understand that the Registrar or his/her staff may need to exchange information about my complaint with other organisations and people (for example: to find out important information about my case).

I understand that I need to inform the Registrar in writing if I would like to stay anonymous.

Signature _____
COMPLAINANT

Date _____

Signature _____
WITNESS

Date _____

PLEASE SEND THIS FORM TO ONE OF THE FOLLOWING:

Email: faiscomplaints@fsb.co.za

Fax: 012 422 2973

Post: The Registrar of Financial
 Services Providers
 P.O. Box 35655
 Menlo Park
 0102

FOR OFFICE USE

DATE RECEIVED	
CASE NUMBER	
CAPTURED BY	
ANALYST ALLOCATION	