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| **Investor Complaint Form** |
|  |  |  |
| 1. Customer Details
 |
|  |  |  |
|  | Title (Mr, Mrs, etc.): | Click or tap here to enter text. |
|  | First Name(s): | Click or tap here to enter text. |
|  | Surname: | Click or tap here to enter text. |
|  | ID Card Number: | Click or tap here to enter text. |
|  | Address: | Click or tap here to enter text. |
|  | Telephone Number: | Click or tap here to enter text. |
|  | Mobile Number: | Click or tap here to enter text. |
|  | E-mail address: | Click or tap here to enter text. |
|  |  |  |
| 1. Nature of Complaint (tick as appropriate)
 |
|  |
|  | Service Related  | [ ]  |  |
|  | Product Related  | [ ]  |  |
|  | Fees Related  | [ ]  |  |
|  | Other (specify)  | [ ]  | Click or tap here to enter text. |
|  |  |  |
| 3. Summary of your complaint (if required you may continue on additional sheet) |
|  |  |  |
|  |  Click or tap here to enter text. |
|  |
|  | What is your request in this regard? |
|  |  |  |
|  |  Click or tap here to enter text. |
|  |  |  |
| 1. Details of Representative at the Distributor
 |
|  |  |  |
|  | Name: | Click or tap here to enter text. |
|  | Surname: | Click or tap here to enter text. |
|  | Designation: | Click or tap here to enter text. |
|  | Name of Distributor: | Click or tap here to enter text. |
|  |  |  |
| **I hereby certify and confirm that to the best of my knowledge, the information provided above is true, accurate, complete and correct.**  |
|  |  |  |
| Signature: |   |
| Name and Surname: |  Click or tap here to enter text. |
|  |  |  |
| **For office use only** |
|  |
| Date complaint reached Compliance Department: | Click or tap here to enter text. |
| Complaint received by: | Click or tap here to enter text. |
| Action Required: | Click or tap here to enter text. |
| Date of completion: | Click or tap here to enter text. |
| Signature of Compliance Officer: |   |