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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: | | |  | | |