

COMPLAINTS FORM

1. PERSONAL DETAILS:
FG number
FG
Surname Initials
ID number/passport number (if foreign national) Date of birth DDD MM YYYY
Contact number
Email
Are you completing this complaints form on behalf of a client?
If your answer is yes, please complete the following:
Relationship to complainant
Full name
Surname
ID number/passport number (if foreign national)
2. COMPLAINT INFORMATION:
What product does your complaint relate to:
Secured Investment Group Retirement Savings
Tax-Free Savings Account Unclaimed Benefits
Unit Trusts Group Risk Cover
Impact Farming Fiduciary (Wills, trusts and estates)
Endowment Other (please describe fully)
Commercial Property Finance
Beneficiary Care

Settlement Trust



2. COMPLAINT INFORMATION Cont.:
Type of complaint:
Product or service design (including fees, premiums and/or other charges)
Information provided relating to a product or service
Advice relating to a product or service
Performance of product, policy or service
Service delivery relating to a premium, an investment contribution or the collection or lapse of a product or service
Accessibility of product or service
Complaints handling
Claims and/or non-payment of claims
In your own word please, please tell us what your complaint is about and what occurred:
How would you like us to resolve this issue?
Is there anything else you would like us to take note of?
Please include all relevant correspondence and evidence relating to your complaint.
4. DECLARATION
o the best of my knowledge, everything I have told you is correct. I understand that to help resolve my complaint, you will need to use and keep personal information about me. I understand this might include collecting and exchanging information about my complaint with other relevant parties.
Please email this to complaints@fedgroup.co.za
agree to the declaration above.
COMPLAINANTS SIGNATURE Date D D M M Y Y Y Y