

## ANNEXURE A – COMPLAINT FORM

Please use this form to tell us about your complaint. Should you need assistance to complete the form, kindly contact us on 079 878 0651. The form, together with supporting documentation can be returned via e-mail to [info@eastvaal.co.za](mailto:info@eastvaal.co.za).

### Please give us your details:

(If you are acting as a representative of the complainant, please attach an explanation as to why you are lodging the complaint)

Surname:		Title:	
First Names:			
Identity No:		Occupation:	
E-mail			
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

Surname:		Title:	
First Names:			
Identity No:		Occupation:	
E-mail			
Province:		Postal Code:	
Phone number 1:		Phone number 2:	
Email:			
Relationship to you:			

**In order for us to assist with your complaint, please tick the appropriate box in the category in which your complaint falls**

<b>Categories</b>	<b>Complaint</b>	<b>Tick here</b>
Category 1	complaints relating to the design of a policy or related service, including the premiums or other fees or charges related to that policy or service	
Category 2	complaints relating to information provided to customers;	
Category 3	complaints relating to advice;	
Category 4	complaints relating to policy performance;	
Category 5	complaints relating to service to customers, including complaints relating to premium collection or lapsing of policies;	
Category 6	complaints relating to policy accessibility, changes or switches;	
Category 7	complaints relating to complaints handling;	
Category 8	complaints relating to insurance risk claims, including non-payment of claims	

**Which company, advisor or person are you complaining about?**

This can be:

- Our F&I who advised you with regards to the products; or
- The insurer or product provider for the financial products that were recommended by our F&I; or
- The company appointed to administrator the products; or
- The person or company handling a claim.

<b>Name:</b>	
<b>Contact number:</b>	
<b>Email:</b>	

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

<b>Name:</b>	
<b>Contact number:</b>	
<b>Email:</b>	

**Please give us the name(s) of the financial product(s) you are complaining about, and provide details of the product provider where possible:**

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<p><b>What type of financial product was sold to you?</b></p> <p>(This refers to maintenance &amp; service plans, life insurance, short term insurance and value-add products sold to you when you purchased the vehicle)</p>	
<p><b>The date when the financial product was sold to you:</b></p>	
<p><b>When did you first realise there was a problem?</b></p>	
<p><b>If you have complained about this in the past, when did you first complain and to whom did you address your complaint</b></p>	
<p><b>Has the complaint been referred to an Ombud?</b></p>	
<p><b>If yes, please indicate which Ombud and provide us with their reference number:</b></p>	

**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)

**When providing details of your complaint, please focus on the following:**

- |  |
|--|
| <ul style="list-style-type: none"> <li>• Do you believe the advice and / or recommendation made was appropriate?</li> <li>• If not, provide details of why the advice or recommendation made was inappropriate.</li> <li>• What were the reasons for purchasing the product.</li> <li>• What was your understanding of the financial product recommended?</li> <li>• What was disclosed to you with regards to the nature of the product and the risks involved?</li> <li>• Were you provided with a copy of the record of advice and the product information documentation?</li> <li>• Please provide us with copies of any and all documentation that will assist in us investigating your complaint.</li> </ul> |
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**How have you been affected – financially or otherwise?**


**How would you like us to put things right for you?**


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**COMPLAINANT 1 (NAME):**

**SIGNATURE**

**DATE**

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**COMPLAINANT 2 (NAME):**

**SIGNATURE**

**DATE**

**Our complaints policy and the procedure that we adopt when dealing with a complaint is freely available on our website**

