



Complaints Form

We strive to provide you with the highest level of service at all times. If this has not been the case, or if we have not handled something to your satisfaction, please detail your concerns below.

Please complete this form in blue or black ink using BLOCK CAPITALS throughout or complete this form using your computer. Please tick boxes where applicable and follow the instructions provided in each section.

Section 1: Your details

Account number

Title First name Last name

Correspondence email address Preferred contact number

Section 2: Category

Please tick the box which best reflects the issue.

- | | |
|--|---|
| ☐ Account opening/closing | ☐ Employee conduct |
| ☐ Investment or withdrawal requests | ☐ Investment performance |
| ☐ Account valuation | ☐ Beneficiary claim |
| ☐ Incorrect billing of fees/charges | ☐ Updating account information |
| ☐ Information discrepancy | ☐ Other |

Section 3: The issue

Please tell us clearly where we failed to meet your expectations.

Add extra pages if necessary, and attach copies of any relevant documents such as account statements, forms, etc.

Section 4: Signature

Sign yourself Digital signature (Adobe)

Full name Signature Date (dd/mm/yyyy):