

ANNEXURE A

CLIENT COMPLAINT SUBMISSION FORM

Client Name & Surname	
Client Contact number	
Client Email address	
Client ID number	
Service Provider's Name if Applicable	
Adviser (If Applicable)	
Name of Complainant	
Date Complaint Submitted	
Complainant Contact Number	
Preferred Method of Communication	
Indicate the party(ies) against w ☐ Unum Group Company	which an expression of dissatisfaction is being made
Indicate the relevant FSP	
The FSP's Service Provider	
Indicate the FSP's Service Provid	er
☐ Both the FSP and its Service F	Provider
Indicate the FSP and Service Prov	vider
☐ The FSP's Juristic Representa	tive (JR)
Indicate the JR	
	owing reasons for the dissatisfaction le, the complainant may not have grounds for a valid complaint
☐ The FSP, its JR or its service p	provider has contravened or failed to comply with an agreement, a law, a
rule, or a code of conduct which is	s binding on the FSP or Service Provider

YOUR PROFIT PARTNER

The Unum Group includes parent companies, subsidiaries, and sister companies inter alia: Unum Capital (Pty) Ltd Reg no. 1999/008361/07 (FSP 564); Unum Trade (Pty) Ltd Reg no. 2021/459193/07 (FSP 52193); Unum Prime (Pty) Ltd Reg no. 2020 / 679752 (ODP 081); Unum Wealth (Pty) Ltd Reg no. 2015/253501/07 (FSP 48804); Koinz (Pty) Ltd Reg no. 2022/235484/07 (CASP 53477) Unit 1, Village Corner, 57 via Latina Crescent, Irene, South Africa.







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The FSP, its JR or its service provider's maladministration or willful
or negligent action or failure to act, has caused the person harm, prejudice, distress or substantial inconvenience
The FSP, its JR or its service provider has treated the person unfairly
None of the above
Were you timeously and comprehensively informed of the process to be followed in handling the complaint, including contact details, prescribed timelines, internal review and escalation routes, ombud schemes available, as well as the duties of the FSP and the rights of the complainant?
∏Yes ∏No
PLEASE EXPRESS THE REASONS FOR YOUR DISSATISFACTION IN AS MUCH DETAIL AS POSSIBLE

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PLEASE INDICATE YOUR DESIRED OUTCOME AND WHAT YOU WOULD LIKE TO ACHIEVE

	ND LIST THE SUPPORTING DOCUMENTATION THAT YOU BELIEVE WOULD AS OUR COMPLAINT	SSIST
		SSIST
PLEASE PROVIDE AI		SSIST
		SSIST
		SSIST
		SSIST

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