

Complaint Form

Our Ref:		

This form must be completed for or by each Client who may have reason to complain about the Company, any failure in its service or responsibilities in the provision of those services, any terms or conditions of the company or its representatives, whosoever or howsoever involved in the provision of the service to the client.

Copy of the completed form to be provided to the client.

If you require any help in completing this form please contact us.

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COMPLAINTS PROCEDURE POLICY

Insurance Services 4U take great pride to continuously provide customer satisfaction by offering outstanding service throughout the process. We endeavour to deliver excellent communication between the customer and our staff.

We welcome complaints as a way of ensuring that any dissatisfaction or grievance with any aspect of the company's operations or services is brought to the attention of the company as soon as possible.

Our aim is to deal with complaints efficiently and fairly and wherever possible to achieve a resolution that is satisfactory to all parties.

All complaints will be fully investigated, handled sympathetically and confidentially and where necessary improvements made.

Procedure:

- 1. The complainant will be able to make a complaint in writing via email, fax or post, over the telephone or in person.
- 2. The complaint should be made to Mr. Mazhar Azim the Manager.
- 3. Mr. Mazhar Azim is responsible for responding to complaints including offering redress where appropriate.
- 4. It is important to highlight that the company may decline to consider a complaint that is made more than six months after the complainant became aware of the cause of the complaint.
- 5. Insurance Services 4U will send a written document or electronic acknowledgment of a complaint with five working days of receipt, together with the name and position of the individual responsible for dealing the complaint, together with this document.
- 6. Once Mr. Mazhar Azim is aware of the complaint within four weeks the following will be sent

Either:

(a) A final response

or

(b) A holding response explaining fully why the complaint has not been resolved at this point, along with a date by which the next communication will be issued (which should be within eight weeks of receipt of complaint).



Details of the advisor who originally sold the product	or service	you are compla	aining about	
Their Name:	Their Posit	tion:		
Description of product or corving you are complaining	a about		_	_
Description of product or service you are complainin (e.g. Insurance)	g about			
				-T
18/ham did the advice transaction or recording		Day	Month	Year
When did the advice, transaction or poor service you are cabout take place?	ompiaining			
When did you first realise their might be a problem?				
When did you first complain to the company?				
To whom did you complain?		Name of Person		
Have you contacted the regulator or other complaint body complaint?	about your	YES		NO
If you have answered yes to the above question pleas	se give deta	ils.		

How would you like the matter you are complaining about to be put right for you?



Finally, please read and sign this declaration				
I would like you to consider my complaint; I confirm that all the info my knowledge.	ormation I given is true and accurate to the best of			
I understand that:				
You may need to handle personal details about me which concomplaint effectively.	uld include sensitive details in order to deal with my			
You may need to exchange details about my complaint with o	other persons or companies involved.			
That I have the right to refer my complaint to the Regulator should I feel that my complaint is unfairly investigagted or remains unresolved.				
Sign Here If your signing on behalf of the person who is making the complaint, please confirm in which capacity you are s	signing			
Signature Date				
Capacity				
Please make sure you have	Our Contact Details			
Included everything you want to tell us about your complaint				
Enclosed copies of all relevant documents or letters				



Details about your complaint	
Please list in order all the letters, documents, phone calls or meetings that are relevant to your complaint.	
This will take you a little time, but it will help to ensure that the facts are set out as clearly as possible and will h	elp us
to deal with your complaint more efficiently.	
Continue on another sheet of paper if necessary, pleas confirm the number of additional sheets	