



COMPLAINT FORM

ATTENTION: The Complaints Dispute Facilitator
Suite 354
Private Bag X51
BRYANSTON
2021

Fax No. 086 633 9915
E-mail paulad@emeraldsa.co.za

NAME OF INSURED _____

POSTAL ADDRESS _____

PHYSICAL ADDRESS _____

TELEPHONE NO. _____

FAX NO. _____

E-MAIL ADDRESS _____

CLIENT REF NO. _____

I have read and understand Emerald Risk Transfer (Pty) Limited's Complaints Policy

PLEASE INDICATE BY TICKING THE APPROPRIATE BOX THE TYPE OF COMPLAINT	
The complaint must relate specifically to a financial services (advice and/or intermediary service) rendered by Emerald Risk Transfer (Pty) Limited or any of its representatives	
Emerald Risk Transfer (Pty) Ltd or its representative has contravened or failed to comply with any provision of the FAIS Act, and as a result thereof, the complainant has suffered or is likely to suffer financial prejudice or damage	
Emerald Risk Transfer (Pty) Ltd or its representative has willfully or negligently rendered a financial service to the complainant which has caused prejudice or damage to the complainant which is likely to result in such prejudice or damage	
Emerald Risk Transfer (Pty) Limited or its representative has treated the complainant unfairly	
Only tick one of the boxes above	



SUMMARY OF COMPLAINT (Please provide all relevant information)

PLEASE ATTACH COPIES OF ALL RELEVANT DOCUMENTATION

Number of pages attached

OTHER RELEVANT INFORMATION

SIGNATURE OF COMPLAINANT

CAPACITY

DATE

COMPLAINTS RESOLUTION REF NO.
