

## **COMPLAINT FORM**

ATTENTION: The Complaints Dispute Facilitator

Suite 354 Private Bag X51 BRYANSTON

2021

Fax No. 086 633 9915

E-mail <u>paulad@emeraldsa.co.za</u>

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			

Emerald Risk Transfer (Proprietary) Limited
Emerald House 8 Waterford Office Park Waterford Drive Fourways 2055
Suite 354 Private Bag X51 Bryanston 2021
T +27 11 658 8200 F +27 11 658 8230
E info@emeraldsa.co.za www.emeraldsa.co.za
Company Reg No. 1998/025512/07

An authorised Financial Services Provider FSP No. 13893

Directors QM Matthew (Chairman)

BE Ray (Chief Executive Officer)

CL Jordan (Executive)

L Lambrechts

J Melville

HD Nel

Company Secretary P do Roque



SUMMARY OF COMPLAINT (Please provide all relevant information)	
PLEASE ATTACH COPIES OF ALL RELEVANT DOCUMENTATION	
Number of pages attached	
OTHER RELEVANT INFORMATION	
OTHER RELEVANT IN ORMATION	
SIGNATURE OF COMPLAINANT	
SIGNATURE OF COMPLAINANT	
SIGNATURE OF COMPLAINANT  CAPACITY	

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