



insurance and risk services

Client Complaint Form

To: The Claims Director

Anton Webber

Fax to: 021 4434444

E-mail to: anton@rbsolutions.co.za

From: Name

ID Number

Telephone Number

Fax Number

E-mail

Client Policy Number:

I have read and understand the Risk Benefit Solutions complaints policy

1. PLEASE INDICATE THE TYPE OF COMPLAINT BY TICKING THE APPROPRIATE BOX	
The complaint must relate specifically to a financial services (advice and/or intermediary service) rendered by Risk Benefit Solutions or any of its representatives	
1.1. Risk Benefit Solutions or its representative has contravened or failed to comply with any provision of the Financial Advisory & Intermediary Service Act, 2002 and that as a result thereof, the complainant has suffered or is likely to suffer financial prejudice or damage	<input type="checkbox"/> *
1.2. Risk Benefit Solutions or its representative has wilfully 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	<input type="checkbox"/> *
1.3. Risk Benefit Solutions or its representative has treated the complainant unfairly	<input type="checkbox"/> *
* you must tick one of these boxes (Only 1)	
2. SUMMARY OF COMPLAINT	

directors | michael petersen | grant carstensen | michael dorrington | singeon green | edward hollyhoke | lesley richardson | craig shorter | anton webber

cape town | 1st floor soho-on-strand | 128 strand street | cape town 8001 | tel 021 443 4400 | fax 021 443 4444

reg. No. 1999/02199/07 | fsb 4903 | www.rbsolutions.co.za | info@rbsolutions.co.za

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(Please provide all relevant information)	
3. PLEASE ATTACH COPIES OF ALL RELEVANT DOCUMENTATION	
Number of pages attached	
4. OTHER RELEVANT INFORMATION	

SIGNATURE OF COMPLAINANT (CLIENT) _____

CAPACITY:

DATE: