



**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](mailto: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





<b>PLEASE INDICATE BY TICKING THE APPROPRIATE BOX THE TYPE OF COMPLAINT</b> <b>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</b>	
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	
<b>Only tick one of the boxes above</b>	
<b>SUMMARY OF COMPLAINT</b> (Please provide all relevant information)	
<b>PLEASE ATTACH COPIES OF ALL RELEVANT DOCUMENTATION</b> Number of pages attached .....	
<b>OTHER RELEVANT INFORMATION</b>	



EMERALD  
AFRICA

SIGNATURE OF COMPLAINANT

.....

CAPACITY

.....

DATE

.....

COMPLAINTS RESOLUTION REF NO.

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