

## **Complaint form**

## **Personal details**

Full name —				
Identity number				
Home address				
_				
_				
Postal address				
_				
_				
Home telephone				
Work telephone Cell phone number –				
Email address				
Email address _				
Key information relevant to complaint				
Branch details: (please tick relevant branch)				
Cape Town 🗌	Johannesburg			
Details of division: (please tick relevant division)				
Investment Analytics				
Investment Accounting				
Investment Advisory				
Transition Management				
Independent Valuations				



Complai	int details		
I			
-	not adequate, please provide detail should be attached and listed. Ple		
ensure that All the infor own free w to the exter	ints to be processed timeously, ple call the information has been prover rmation contained herein is to the ill. I also consent to any information that is necessary for the resolution plaints policy.	ded and received by the r best of my knowledge fac n herein being shared wit	nominated Compliance Officer. tually correct and given of my h other entities within RisCura
Signature			-
Date			
Time			-
Place			-
Place			-
For office	use only		
Date of letter			
Date of receip	ot of letter		
Reference nui	mber		
Perpoprible p	orcon		