



4th Floor
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Ashlea Gardens
PRETORIA
SOUTH AFRICA
0181

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Tel: 012 346 1738, 012 748 4000
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E-Mail: enquiries@pfa.org.za
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COMPLAINT FORM

COMPLAINANT'S CONTACT DETAILS	
Surname:	
Full Name/s:	
Identity Number:	
Postal Address:	
Residential address: <small>(if not the same as postal)</small>	
Contact details:	Phone number:
	Alternative number:
	Email:
	Fax Number:

Please notify us immediately when there is a change of personal contact details on your side.

FUND DETAILS			
Name of the Fund:			
Fund Administrator:			
Contact details of the Fund:	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Tel:</td> <td style="border: none;">Fax:</td> </tr> </table>	Tel:	Fax:
Tel:	Fax:		

EMPLOYER'S DETAILS	
Name of the Company:	
Address of Company:	
Contact Details of company:	Tel:
	Fax:
	E-Mail:
Date of Joining the Company:	
Date of Leaving the Company:	

SUPPORTING DOCUMENTS: ATTACHED		
Mark X in appropriate boxes where supporting documents are attached		
General:	Identity Document (ID) of complainant and/or member belonging to the fund	
	Benefit Statement / Payslip	
	Any Correspondence / Letters from Fund or Employer	
Divorce Matters:	Divorce Order with Settlement Agreement	
Disability Matters:	A Copy of Disability finding/report	
Retirement Annuity:	Policy Number	
Death Benefit Matters:	Copy of the Member's Death Certificate	

DETAILS OF COMPLAINT

A. BACKGROUND INFORMATION (please attach a letter if not enough space)

B. WHAT YOU ARE DISSATISFIED ABOUT

C. THE DESIRED OUTCOME/RELIEF SOUGHT

In addition to the above, kindly TICK the relevant box:

1. Have you instituted legal (court) proceedings in this matter? Yes No

- If "Yes", in which Court (name): _____ Case no. _____

2. Has this complaint been sent to any other Ombud? Yes No

- If "Yes", which Ombud (name): _____ Ref: _____

By lodging this complaint form you agree to the following:

- You wish the OPFA to investigate your complaint on your behalf;
- Information submitted by you to this Office will be used solely for the purpose of investigating and adjudicating your complaint;
- We will at all times respect your privacy and keep your personal information confidential;
- You give consent to this Office to forward any information submitted by you to the office with the correct jurisdiction, if the complaint does not fall within this office's mandate;
- Where your complaint does fall under this Office's jurisdiction that this office may share information submitted by you with any of the relevant parties involved in the complaint to find out important information about your case – this consent will also include details of minor children (if applicable), i.e. birth certificates of minors or any similar document, where they are beneficiaries with regards to death benefit claims;
- You will inform this Office immediately in writing of any change in personal information or contact details provided
- You have the right to object to the sharing of your personal information with other parties. Should this be the case, then this Office will not be able to investigate your complaint and your file may be closed.

_____ (Date)

_____ (Signature)