



4<sup>th</sup> Floor  
Riverwalk Office Park  
Block A, 41 Matroosberg Road  
Ashlea Gardens  
**PRETORIA**  
**SOUTH AFRICA**  
0181

P.O. Box 580, **MENLYN**, 0063  
**Tel:** 012 346 1738, **Fax:** 086 693 7472  
**E-Mail:** [enquiries@pfa.org.za](mailto:enquiries@pfa.org.za)  
**Website:** [www.pfa.org.za](http://www.pfa.org.za)

## COMPLAINT FORM

| COMPLAINANT'S CONTACT DETAILS   |   |
|---|---|
| <b>Surname:</b>   |   |
| <b>Full Name/s:</b>   |   |
| <b>Identity Number:</b>   |   |
| <b>Postal Address:</b>  |   |
| <b>Postal Code:</b>   | <input style="width: 100%;" type="text"/> |
| <b>Residential address:</b><br><small>(if not the same as postal)</small> |   |
| <b>Postal Code:</b>   | <input style="width: 100%;" type="text"/> |
| <b>Contact details:</b>   | <b>Phone number:</b>                      |
|   | <b>Alternative number:</b>                |
|   | <b>Email:</b>                             |
|   | <b>Fax Number:</b>                        |

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

| FUND DETAILS                        |   |
|-------------------------------------|---|
| <b>Name of the Fund:</b>            |   |
| <b>Fund Administrator:</b>          |   |
| <b>Contact details of the Fund:</b> | <b>Tel:</b> <input style="width: 100%;" type="text"/> <b>Fax:</b> <input style="width: 100%;" type="text"/> |

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

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

## DETAILS OF COMPLAINT

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

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### B. WHAT YOU ARE DISSATISFIED ABOUT

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Free Service — No Charge

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| <b>C. THE DESIRED OUTCOME/RELIEF SOUGHT</b> |
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**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 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**