

COMPLAINT FORM

Please e-mail the completed and signed form to complaints@asi.co.za

Full Name of Complainant:

Complainant relationship to
Policyholder / Client:

Form Completion Date:

Full Name of Policyholder / Client:

Is the Policyholder / Client a legal or natural
person?

Identity or Registration Number:

Policy Reference Number:

Name of Authorized ASI Financial Services
Provider:

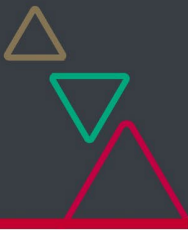
Name of ASI Appointed
Broker/Representative:

Has the complaint been escalated prior to this
(i.e. Ombud, attorney, insurer)?

Date Complaint Arose:

Details of Complaint:

Desired Outcome:



Signature of Complainant:

Signature of Policyholder / Client:
(Where Policyholder / Client is not the Complainant)

Date:
