

COMPLAINTS REGISTRATION FORM: BLUE QUADRANT CAPITAL MANAGEMENT

Client details:

Surname

Title

First name(s)

Occupation

Identity Number:

Address/ Email to
which we may
communicate with you

Telephone daytime

Cell

Details of the person/s against whom you are complaining:

Name of person

Position/ role

e.g. Advisor/ Admin

Details about the product or service you are complaining:

Financial product Insurance/
Retirement/ Investment/ Deposit
etc.

Reference/

Account no

Brief description of the complaint

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When did you first realise the problem

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Did you complain before?
Give date and person

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Provide full details about the complaint or attach a letter providing the following:

List in date order the phone calls meetings, or letters you have received or exchanged with the person against whom you are complaining.

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Reference of documents
attached e.g. Annexures A, B
etc. with descriptions

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Client name and
signature

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Date signed

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