

### **COMPLAINTS RESOLUTION POLICY**

The purpose of the Complaint Resolution Policy is to ensure that complaints are resolved and mitigated within the ambit of the applicable, relevant legislation which is the Longterm Insurance Act 18 of 2017, the Financial Advisory and Intermediary Services Act 37 of 2002, the Policy Holder Protection Rules for Longterm Insurance. In addition Principals of (TCF), Treating Clients Fairly are incorporated to ensure that fair procedures prevail to all of our policyholders.

### **COMPLAINTS PROCEDURE**

In order for a complaint to receive the attention that it deserves, we request that your complaint is submitted in writing, written or typed by the client or a complaints document will be provided to you by the office.

Please address your written complaint to: The Complaints Department- [complaints@dignitygroup.co.za](mailto:complaints@dignitygroup.co.za) / Fax: **086 762 1653**

The following information must be provided in order for us to assist you:

- Your name, surname, contact details and confirmation of where communication must be sent to
- A complete and detailed description of your complaint and supporting documentation.
- Once received by Complaints Department, the complaint will be acknowledged within three weeks days of receipt.
- The complaint will be assessed and, if it is a valid complaint, will be lodged into our complaints register.
- The complaint will be allocated to a trained and skilled person who specializes in that type of complaint. This may not necessarily be the person to whom you addressed the complaint.
- The complaint will be investigated and we will revert to you with our findings within six (6) weeks. You may be requested to provide additional information before we provide you with a final resolution. If we require further time to investigate the complaint, this will be communicated to you in writing.
- You will receive a response in writing with full reasons.

If not satisfied with the response, you may refer your matter to the Ombud or Ombudsman, do so within a period of six months.

**The Ombud/Ombudsman Offices may be contacted as follows:**

**The Office of the Ombud for Financial Service Providers | P.O. Box 74571, Lynnwood Ridge, 0040 | Tel: 0860 324 766  
Fax: (012) 348 3447 | E-mail: [info@faisombud.co.za](mailto:info@faisombud.co.za) | [www.faisombud.co.za](http://www.faisombud.co.za)**

### **What kind of complaints does the Ombud consider?**

- The complaint must relate to financial advice or intermediary service rendered and must have the following content: that the financial services provider contravened the Financial Advisory and Intermediary Services Act which resulted/ may result in the complainant suffering financial damage. That the financial services provider negligently or intention ally provided advice or an intermediary service that caused/ may cause prejudice or damage to the complainant. The complainant was treated unfairly.
- The complaint must not be about the investment performance of the financial product, unless, financial performance was guaranteed; or the financial performance was so deficient that it creates the presumption that there has been misrepresentation, negligence or mal-administration on the part of the person complained against.

### **Appeals to Board of appeal**

- It is possible to appeal to the Board of Appeal, only if the Ombud gives leave to appeal. If the Ombud refuses, the chairperson of the Board of Appeal can be requested for permission to appeal.
- Application for leave to appeal must be made to the Ombud within 1 month of the Ombud's determination.
- If the Ombud refuses leave to appeal, application for leave to appeal may be made to the Chairperson of the Board of Appeal, within 1 month of the Ombud's refusal – the applicant must inform the Ombud of his application.
- A determination by the Board of Appeal has the same status as a judgement of a civil court.