

Complaint form

	Policy or contract number						
Please fill in this form; attach all	relevant documents and return to the address below.						
Complaints Resolution I	Department Momentum						
Contact person	The Complaints Resolution Officer						
Postal address	PO Box 7400						
	Centurion						
	0046						
Physical address	268 West Avenue						
Centurion							
	0157						
Fax	086 519 8626						
Email	clientcomplaints@consultm.co.za						
Preferred method of communication	n for this complaint Email Post Fax						
Consult follows Momentum's compl as Consult.	aints process. All complaints will thus be handled by Momentum, which is a subsidiary of MMI Group Limited, same						
Please contact us if you have not re	eceived a response from us within three working days after you have submitted your complaint.						
Please afford Momentum and/or Coombudsman.	onsult an opportunity (maximum six weeks) to resolve the complaint before submitting this to the relevant						
Information of complain	ts resolution consultant at Momentum						
Name of person							
Date of contact							
Complaint reference number							
Section 1: Complainant	details						
Title	Initials						
Full name(s)							
Surname							
Previous surname							
Gender	Male Female What language do you prefer? English Afrikaans						
Date of birth							
Identity, registration or passport nur	mber RSA ID Yes No						

Momentum Consult (Pty) Ltd
Registration No. 1969/009289/07
www.momentumconsult.co.za
An authorised financial services provider (FSP5503)
A subsidiary of MMI Group Limited

						Р	olicy	or or	con	itract numi	per						\perp			
Contact details																				
Telephone number	CODE																			
Office number	CODE																			
Fax number	CODE																			
Mobile																				
Preferred email address																				
Physical address																				
,																				
															Post	al cod	de			
Postal address (if different from above)																				
															Post	al cod	de			
Section 2: Financial adviser	details																			
Title		Initia	ls																	
Full name(s)																				
Surname																				
Contact details																				
Telephone number	CODE																			
Office number	CODE																			
Fax number	CODE																			
Mobile																				
Preferred email address																				
Section 3: Details of compla	int																			
Please describe the circumstances that g the complaint: • Who provided the financial service? • What financial service was provided? • When was the financial service provided.	d?	compla	int. Us	e the	follo	owii	ng q	lues	stior	ns as a gui	deline	to se	et ou	t the	rele	vant	aspe	ects	of	
Insert extra pages if necessary.																				
Please write clearly. Explain the complain	nt, as well as you	ur dissa	tisfacti	on wit	th th	ne s	ervi	ce y	/ou	received f	rom th	ne fin	ancia	ıl ac	iviser	·.				
																	_			
																	_			

Policy or contract number					
		 		 _	
		 		 _	
		 		 _	
				 _	

Section 4: Required from Consult							
Please state exactly what you expect	from Consult in order to resolve your complaint.						
Signed at							
Authorised signatory		Date DDMMYYYY					
Second signatory							
Second signatory (if required)							

Policy or contract number