

## **COMPLAINT FORM**

To submit a formal complaint to PSG Wealth, complete this form and submit it to us in one of the following ways:

- deliver it by hand to the Head of Client Services, PSG Wealth
- deliver it via post to: "Head of Client Sevices, PSG Wealth; PO Box 61295; Marshalltown; 2107; South Africa"
- email to <u>wealth.escalations@psg.co.za</u>

COMPLAINANT'S DETAILS
Title Ms Mr Dr Prof Adv Other
First names/ Entity name
Surname
Telephone number
Email address
ID/Passport number/ Entity registration number
Investment account number
Do you have a financial adviser Yes No
If 'Yes', please provide name of financial adviser
The complaint is about:
services rendered to me
the product rules or design
information I received
my investment's performance
access to my policy, changes or switches
the handling of another complaint
being treated unfairly
Other
DETAILS OF COMPLAINT
Please provide further details of your complaint below

List supporting docui	ments (please attach all relevant supporting documents)
1.	
2.	
3.	
4.	
5.	
J.	
What outcome do yo	ou want?
A	
Any other suggestion	ns of how we can improve your experience with us?
CLIENT DECLA	ARATION
This form may only be he/she:	pe signed by the Investor or duly authorised person acting on behalf of the Investor. The signatory warrants that
	y authority to sign this document
	e information contained in this document is true and correct
	s/she has read the PSG Wealth Complaints Resolution Policy.
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Client signature	Date
CONTACT DET	TAILS
Physical address:	Building 1, The Ingress, Corner of Magwa and Lone Creek Crescents, Waterfall City, Waterfall, 2090, Gauteng,
	South Africa
Postal address:	PO Box 61295, Marshalltown, 2107, South Africa
Fax: Email:	0860 774 774  wealth.escalations@psg.co.za
Website:	weartn.escarations@psg.co.za www.psg.co.za
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