

COMPLAINTS RESOLUTION POLICY & PROCEDURES

(As amended 26 June 2020)

(Effective date [12 months] : 26 June 2021)

1. APPLICABILITY

This policy will apply in all instances where a complaint arises out of a financial service rendered by a representative or a Financial Services Provider in terms of the Act.

Definition of Complaint:

An expression of **dissatisfaction** by a person to a **provider or its service supplier** relating to a **financial product or a financial service**, which indicates or alleges that -

- 1.1. it has contravened or failed to comply with:
 - 1.1.1. an agreement;
 - 1.1.2. a law;
 - 1.1.3. a rule;
 - 1.1.4. a code of conduct
- 1.2. it's maladministration or willful or negligent action or failure to act has caused the person harm, prejudice, distress or substantial inconvenience;
- 1.3. it has treated the person unfairly
- 1.4. A complaint will be reportable if not upheld by the FSP.

2. ALLOCATION OF RESPONSIBILITY

- 2.1. The persons ultimately responsible for ensuring complaints are handled according to this policy, is **XXXXXXXX**

Please note that this person has to be a KI or Board member with sufficient seniority, knowledge and experience - it cannot be a representative (as stated clearly in section 17(3)(a) of the amended General Code of Conduct). This person should be adequately empowered to make impartial decisions and recommendations.

- 2.2. The register will be checked on a monthly basis to ensure all complaints are dealt with fairly and timeously, ensuring a fair and reasonable outcome.

3. REQUIREMENTS

- 3.1. Complaints must be lodged in writing
- 3.2. The person responsible for complaints handling will then:
- 3.2.1. Acknowledge receipt of complaint in writing, as soon as reasonably possible (but at least within 2 weeks), with contact references of the FSP
 - 3.2.2. Log complaints in the official complaints register of the FSP
 - 3.2.3. Take steps to investigate and respond promptly, follow principles of transparency, visibility, accessibility and fairness
 - 3.2.4. Escalate the complaint to the relevant KI where it cannot be resolved by the person responsible
 - 3.2.5. Communicate with the complainant during the investigation and when an outcome has been reached, at least within 6 weeks from date of receipt
 - 3.2.6. Log decisions and outcomes
 - 3.2.7. Provide feedback to management / Board of Directors / Compliance Team
 - 3.2.8. Escalate to the relevant Ombud where applicable
 - 3.2.9. Ensure fair treatment at all times
 - 3.2.10. Report to the Regulator where and when applicable
 - 3.2.11. Records of complaints must be kept for a minimum of 5 years
 - 3.2.12. Complaints to be categorised

4. CATEGORISATION OF COMPLAINTS

- 4.1. Reportable complaints have to be categorized in accordance with the following minimum categories:
- 4.2. Complaints relating to -
- 4.2.1. The design of a financial product or service, including fees, premiums or any other charges
 - 4.2.2. The information provided to clients,
 - 4.2.3. Advice,
 - 4.2.4. The performance of the financial product or service,
 - 4.2.5. Service to clients, including premium collection or lapsing of a product,
 - 4.2.6. The financial product's accessibility, changes or switches, including complaints relating to redemption of investments
 - 4.2.7. Complaints handling,
 - 4.2.8. Insurance risk claims, including non-payment of claims,

4.2.9. Other.

- 4.3. The FSP will also consider further categories if the business model requires more.
- 4.4. The FSP must categorize, record and report on reportable complaints per relevant category.
- 4.5. A policy for fair compensation of customers who have been financially prejudiced as a result of inappropriate advice provided by representatives will be implemented.
- 4.6. The FSP will regularly monitor the published decisions of the FAIS Ombud, guidance from the FSCA and other relevant information sources in relation to advice practices, to ensure that controls and practices in relation to the suitability of advice remains relevant and effective.

5. COMPLAINTS ESCALATION AND REVIEW

- 5.1. When a complaint is received, it will be reviewed by the relevant representative;
- 5.2. A possible solution should be proposed to the complaints manager;
- 5.3. Where the complaint is complex or unusual, the complaints manager may refer to senior management for review;
- 5.4. Where no solution is possible, it has to be referred to the relevant Ombud - the complaints manager should provide the relevant information to the client.

6. OUTCOMES

- 6.1. Where a complaint is upheld, the FSP should compensate the client without delay, at least within 5-10 business days;
- 6.2. Where a complaint is rejected, the FSP must provide the client with clear and adequate reasons for the decision, together with information for escalation of the complaint. This must be done within 5-10 business days from the date the decision was taken, but at least within 6 weeks from the date the complaint was received.

7. RECORDKEEPING, MONITORING AND ANALYSIS

- 7.1. Ensure accurate, efficient and secure recording of complaints;
- 7.2. The following must be recorded:
 - 7.2.1. Details of complainant and subject of complaint;
 - 7.2.2. copies of relevant evidence, correspondence and decisions;

- 7.2.3. complaint categorization;
- 7.2.4. progress and status of complaint (including whether within or outside timelines)
- 7.3. Maintain the following data irt reportable complaints:
 - 7.3.1. number of complaints received;
 - 7.3.2. number of complaints upheld;
 - 7.3.3. number of complaints rejected with reasons;
 - 7.3.4. number of complaints escalated internally;
 - 7.3.5. number of complaints referred to an Ombud (with outcome);
 - 7.3.6. number and amounts of compensation payments made;
 - 7.3.7. number and amounts of goodwill payments made;
 - 7.3.8. total number of complaints outstanding.
- 7.4. Complaints information must be scrutinized and analysed on an ongoing basis and used to to manage conduct risks, improve outcomes and prevent recurrences.
- 7.5. Process for reporting to the FSCA or management

8. COMMUNICATION WITH COMPLAINANTS

- 8.1. Must be visible and transparent;
- 8.2. No charges to be imposed for complaints handling;
- 8.3. All communication in plain language;
- 8.4. Single point of contact where possible;
- 8.5. Disclose:
 - 8.5.1. Type of information required from the complainant;
 - 8.5.2. How, where and to whom complaint to be submitted;
 - 8.5.3. Expected turnaround times;
 - 8.5.4. Any other relevant responsibilities of the complainant.
- 8.6. Acknowledge receipt within two weeks, and inform complainant of proc ess, including:
 - 8.6.1. contact details of complaints handler;
 - 8.6.2. timelines for complaints handling;
 - 8.6.3. details for internal escalation;
 - 8.6.4. details of relevant Ombud;
 - 8.6.5. details of the duties of the FSP and rights of the complainant as set out in the rules of the relevant Ombud.

- 8.7. Complainants to be kept adequately informed of:
 - 8.7.1. Progress of complaint;
 - 8.7.2. Causes of any delays and revised timelines;
 - 8.7.3. The final decision in response to the complaint

9. GENERAL PRINCIPLES TO BE FOLLOWED

Whenever a complaint arises out of a financial service rendered, a client will be required to lodge such complaint in writing and be submitted via the following e-mail address:

E-mail: christo@4dhealth.co.za

- 9.1. The client should also attach copies of relevant related information/documentation to the specific claim;
- 9.2. Receipt of the complaint has to be acknowledged in writing;
- 9.3. The complaint should be forwarded to the relevant staff member depending on the type and seriousness of the complaint. Serious complaints should be handled by staff with adequate expertise;
- 9.4. Internal follow up procedures are in place to ensure avoidance of occurrences giving rise to complaints and for improving our services;
- 9.5. Each client has to be informed of the results of the investigation of the complaint within 6 weeks of receipt of the complaint;
- 9.6. Where a complaint has been resolved in favour of the client, a full redress has to be offered to the client without delay;

10. 4D HEALTHCARE CONSULTING (PTY) LTD IS COMMITTED TO

- 10.1. Resolving client complaints in a manner which we believe is fair to our clients, our business and our staff.
- 10.2. Ensuring that clients have full knowledge of the procedures established for internal resolution of their complaints, details of which will be given to them in writing.
- 10.3. Ensuring easy access to our complaints resolution facilities at any of our offices, or by way of post, telephone or email.
- 10.4. Employing and empowering properly trained people in our business to deal with complaints, as well as with the escalation of serious non-routine complaints.
- 10.5. Dealing with complaints in a timely and fair manner, with each complaint receiving proper consideration in a process that is managed appropriately and effectively.

- 10.6. Offering full and appropriate redress in all cases where a complaint is resolved in favour of a client.
- 10.7. Informing clients of their right to refer their complaints to the FAIS Ombud should a complaint not be resolved to their satisfaction within six weeks from the date on which the complaint is received.
- 10.8. Maintaining records of all complaints received for a period of 5 years, which will specify whether or not complaints were resolved.
- 10.9. Implementing follow-up procedures to:
 - 10.9.1. Ensure the avoidance of occurrences giving rise to complaints and
 - 10.9.2. Improve services and complaint systems and procedures where necessary

11. FAIS OMBUD

If a complaint has not been resolved within **6 weeks** by **4D Healthcare Consulting (Pty) Ltd**, or where the complaint has been dismissed or where the client is not satisfied with the results of the investigation into the complaint, the client may, **within 6 months**, refer the complaint to the FAIS Ombudsman whose details is as follow:

11.1. The FAIS Ombudsman's Contact details:

- 11.1.1. Physical address: MENLYN CENTRAL OFFICE BUILDING
125 DALLAS AVENUE
WATERKLOOF GLEN
PRETORIA
0010
- 11.1.2. Phone: 012 762 5000
- 11.1.3. Sharecall / Anonymous Fraud Hotline: 086 066 3274
- 11.1.4. Postal Address: P.O. BOX 41
MENLYN PARK
PRETORIA
0063
- 11.1.5. Website: www.faisombud.co.za
- 11.1.6. Enquiries on status of complaints: info@faisombud.co.za

- 11.2. The Ombudsman will decline to investigate a complaint if a period of more than 3 years has expired since the act or omission which resulted in the complaint, or 3 years since the complainant became aware of the occurrence of such an act / omission;

- 11.3. The Ombudsman will decline to investigate a complaint, if proceedings have been instituted by the complainant in any court relating to the complaint;
- 11.4. The Ombudsman may decline to investigate a complaint if there is reasonable grounds to believe that a more appropriate dispute resolution process is available or in cases where it will be more appropriate to deal with the complaint in Court;
- 11.5. The Ombudsman will only proceed to investigate a complaint if it has informed every other interested party of the receipt of such complaint, has provided particulars of such complaint to those parties and has provided those parties with the opportunity to respond;
- 11.6. The Ombudsman may follow and implement any procedure which it deem fit and may allow any party the right of legal representation;
- 11.7. The Ombudsman may make recommendations to the parties and if accepted by the parties, such recommendation will have the effect of a final determination;
- 11.8. The Ombudsman will in any case, where a matter has not been settled or a recommendation has not been accepted by the parties, make a final determination which may include dismissal of the complaint or upholding of the complaint. If a complaint is upheld:
- 11.8.1. The complainant may be awarded compensation;
- 11.8.2. The financial services provider may be ordered to take certain steps; or
- 11.8.3. The Ombudsman may make any other order which a Court may make.

Please note:

These complaints refer to complaints against a representative or adviser, and not complaints against an underwriter or product provider, as these have to be submitted to the Insurance Ombud directly and cannot be resolved by the adviser.

Persons responsible for complaints handling (not a representative):

Name: _____

Position: _____

Date of appointment: _____

Acceptance: _____ (signature)

Witness: _____ (signature)

Name: _____

Position: _____

Date of appointment: _____

Acceptance: _____ (signature)

Witness: _____ (signature)

This policy can be made available upon request.