

Escalated Complaints Registration Form

General Information

1. Iemas Financial Services (Co-operative) Limited and its subsidiaries (Iemas Group) only considers an escalated complaint in the prescribed format below.
2. A detailed complaints policy can be obtained from complaints@iemas.co.za on www.iemas.co.za or an Iemas branch including the contact centre.
3. Attach all records of communication to Iemas Group where applicable.
4. A complainant wishing to lodge an escalated complaint must complete this form in full and forward it to complaints@iemas.co.za, via fax to 086 557 5204 or by post (Private Bag X924, Pretoria, 0001). For help in completing this form, please contact your nearest Iemas branch or the contact centre.

Complaint & Personal Information

Section A

Member number: ID/passport no:

Full names:

Surname:

Residential address:

Postal address:

Postal code:

Phone number (H): Cell number:

Email:

Section B

Indicate which business unit/product/service the complaint relates to:

- | | | | |
|---|--------------------------|-------------------------------|--------------------------|
| 1. Credit Life Insurance: | <input type="checkbox"/> | 6. Iemas Purchase Card: | <input type="checkbox"/> |
| 2. Short-term Insurance: | <input type="checkbox"/> | 7. Member Reserves & Bonuses: | <input type="checkbox"/> |
| 3. Financial Advisory and Intermediary Service: | <input type="checkbox"/> | 8. Deductions: | <input type="checkbox"/> |
| 4. Credit Agreement: | <input type="checkbox"/> | 9. Pension-backed Loans: | <input type="checkbox"/> |
| 5. Long-term Insurance: | <input type="checkbox"/> | | |

Please provide the following dates and information relating to the initial complaint:

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1. When did you first realise there was a problem?

2. When did you first complain about the problem?

3. To whom did you complain about the problem?

4. What was the outcome of the complaint raised with the person mentioned under number 3?

Section C

Has this complaint been lodged with any regulatory body or association/bodies/Ombud to which Iemas Group is a member of?

YES

NO

If YES, which regulatory body/association or Ombud:

Reference number:

Section D

Please describe the complaint in detail. List all the phone calls, meetings and letters ordered by date:

What would you consider to be a reasonable outcome for the complaint to be resolved?

Section E

In order to investigate the complaint, staff, associates, representatives, third parties or other entities of Iemas Group may need to exchange your personal information in regards to the complaint.

Complaints may also be published internally to manage risks, however Iemas Group will endeavour to treat your personal information with the necessary care and skill. Please note that information regarding complaints are provided to regulators and industry associations/bodies from time to time.

Your consent to this form confirms that you agree and understand the purpose for which consent is given. Iemas Group will strive to respect your privacy.

Declaration:

I have read and understand the contents of this form. The Complaints Policy has also been read by me and I understand its contents. I have not been forced, induced or harassed in the completion and submission of this form.

Signature:

Date: