## FORMAL COMPLAINT FORM

Го:	Complaints Officer					
Contact:	legal@ftcomm.co.za					
1. Details o	of complainant:					
		Tele	phone			
Name:			nber:			
ID Numbe	er:	Fax	Number:			
Client po	licy					
Number:		E m	ail:			
2. Please p	provide a brief summary of the c	complaint				
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3 Please a	attach copies of all relevant doc	rumentati	an in sunna	ort of the co	nmplaint	
J. Ticase e	attach copies of all relevant doc	Jumentati	эн ні заррс	or the ec	mpiaint	
Number	of pages attached:					
Number	or pages attached.					
4   Loonfirm	n that the above information is to	ruo and a	orro ot			
4. I COIIIIII	ii tiiat tiie above iiiioiiiiatioii is t	iue and c	oneci.			
Signaturo	e of complainant:					$\neg$
	лог сотпрышати.					
Date:						