

TENDAHEALTH PTY (LTD)

COMPLAINTS MANAGEMENT FRAMEWORK



A Member of AfroCentric Group

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HEALTH



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1. PURPOSE

The FAIS General Code of Conduct requires that a financial services provider (FSP) must establish, maintain and operate an adequate and effective complaints management framework to ensure the effective resolution of complaints and the fair treatment of complainants.

Treating Customers Fairly (TCF) Outcome 6 provides that “Customers do not face unreasonable post-sale barriers imposed by firms to change a product, switch providers, submit a claim or lodge a complaint”.

This document provides a complaints procedure in conformance with legislative expectations and sets out the process that the FSP will follow in order to resolve the complaint.

2. OBJECTIVES

The objectives and key principles of *Tendahealth (Pty) Ltd* Complaints Management Framework is:

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.

These complaints refer to:

- Contraventions of the Act
- Failing to comply with any provisions contained in the Act.
- Unfair treatment
- Causing damage or is likely to cause prejudice or damage.

KEY DEFINITIONS

The definitions relating to Complaints Management as defined in the FAIS General Code of Conduct as amended on 26 June 2020 are listed in **Annexure A**.

3. COMPONENTS

The components of Tendahealth (Pty) Ltd Complaints Management Framework are:

- Complaints Management Guideline – provides the clear process on how complaints are resolved

- Complaints Management register – provides details on the complaints received by the FSP

REVIEW

Tendahealth (Pty) Ltd undertakes to review its Complaints Management Framework and document the changes thereto on a quarterly basis, alternatively whenever there are changes in the business that impact the Complaints Management Framework. A Review Register is set out in Annexure B.

Christine Edwards is responsible for reviewing and updating the Complaints Management Framework.

4. PERFORMANCE STANDARDS

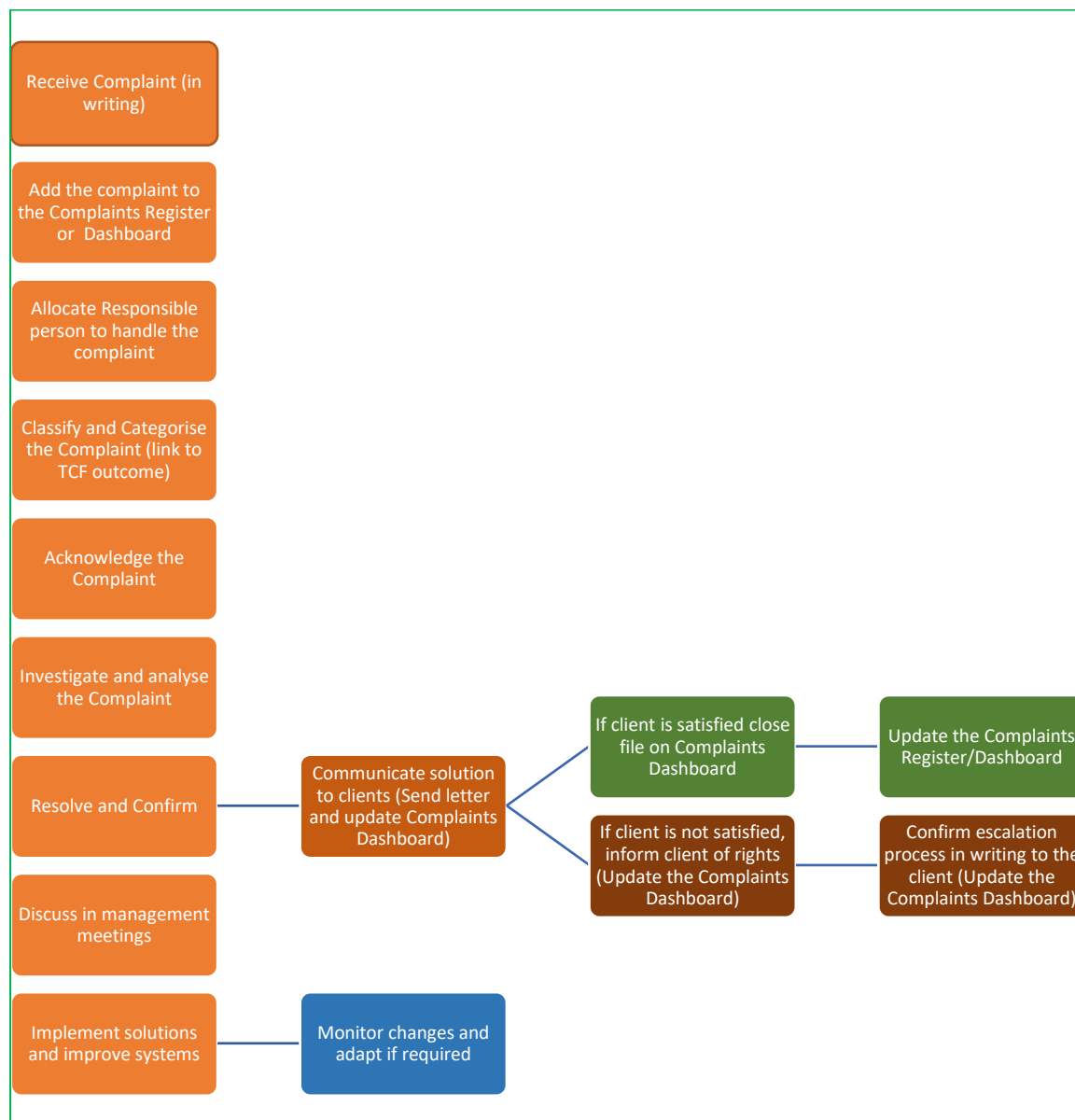
In order to ensure objectivity and impartiality, Tendahealth (Pty) Ltd has the following performance standards and remuneration and reward strategies for complaints management

Records need to be maintained for complaints received pertaining to any financial service rendered, including advice given.

Additional requirements:

- Complaints must be lodged in writing.
- Records of complaints must be kept for a minimum of 5 years.
- FSPs must handle complaints from clients in a fair and timely manner.
- Take steps to investigate and respond promptly, follow principles of transparency, visibility, accessibility, and fairness.
- If the complaint cannot be resolved to the client's satisfaction, the client must be advised of any further steps that can be taken.

5. COMPLAINTS PROCESS OVERVIEW



6. ALLOCATION OF RESPONSIBILITIES

6.1 COMPLAINTS MANAGEMENT

The board of directors or in the absence of a board, the governing body and key individuals of the FSP is responsible for the effective complaints management and must:

- approve and oversee the effectiveness of the implementation of the business complaints management framework.

Christine Edwards and Landi Campher are responsible for the effective management of complaints.

6.2 DECISION MAKING

Any person that is responsible for making decisions or recommendations in respect of complaints generally or a specific complaint must:

- be adequately trained,
- have an appropriate mix of experience, knowledge, and skills in complaints handling, fair treatment of customers, the subject matter of the complaints concerned and relevant legal and regulatory matters,
- not be subject to a conflict of interest, and
- be adequately empowered to make impartial decisions or recommendations.

Christine Edwards and enquiry department are responsible for making decisions or recommendations in respect of complaints received within the FSP.

7. CATEGORISATION OF COMPLAINTS

7.1 PRESCRIBED MINIMUM CATEGORIES

At a minimum, the following categories will be used to categorise complaints:

Complaints relating to -

- the design of a financial product, financial service, or related service, including the fees, premiums or other charges related to that financial product or financial service,
- information provided to clients,
- advice,
- financial product or financial service performance,
- a service to clients, including complaints relating to premium or investment contribution collection or lapsing of a financial product.
- financial product accessibility, changes or switches, including complaints relating to redemptions of Investments,
- complaints handling,
- insurance risk claims, including non -payment of claims,
- other complaints.

7.2 ADDITIONAL CATEGORIES

Tendahealth (Pty) Ltd has identified the following additional categories of complaints that is relevant to the FSP's business model, financial products, financial services and client base.

N/A

7.3 PROCEDURE

Tendahealth (Pty) Ltd will follow the process below for the appropriate categorisation of complaints.

As per the categories listed in the Complaints Framework register

8. COMPLAINTS RESOLUTION PROCESS

8.1. Tendahealth (Pty) Ltd will follow the steps below for all complaints received:

- Identify the complaint and desired outcome.
- Investigate the details surrounding the issue.
- Resolve issue and provide feedback

8.2. Upon receipt of a complaint, *Tendahealth (Pty) Ltd* will take the following action:

- Contact the client to acknowledge receipt of complaint.
- Investigate the concerns (emails trails, call recordings etc)
- Add details to the Complaints Register.
- Provide client with feedback once complaint has been resolved

8.3. *Upon receipt of a complaint, Landi Campher will be assigned to analyse the complaint.*

8.4. *Tendahealth (Pty) Ltd* will use the following process to determine whether the complaint received is indeed a complaint or whether it is a routine query:

Try to determine the issue and desired outcome. Based on the outcome, determine whether a further investigation is required

8.5. Once identified as a complaint, Tendahealth (Pty) Ltd will use the following approach to analyse the complaint in relation to linking it to the identified TCF outcome:

Determine which category it falls under

8.6. The following timelines will apply to complaints that need to be addressed and resolved:

The TAT for level 1 complaints is 15 days, however we attempt to resolve complaints within 5 days

8.7. Tendahealth (Pty) Ltd will use the following process when breaking down the complaint to analyse the root cause of the complaint and any possible trend that can be identified:

Review the Dashboard on the complaints register to determine where additional coaching and training is required.

8.8. Tendahealth (Pty) Ltd will use meetings to discuss the complaints received at the FSP. The frequency at which these discussions will take place is as required

8.9. Tendahealth (Pty) Ltd will use the approach below to implement the processes, monitoring plan and solutions identified during the [discussions/meetings] held. It will also implement any process change or updates that need to be applied to the Complaints Management Framework as a result of such *[meetings/discussions]*.

Coaching sessions

Quality monitoring

9. REPRESENTATIVES AND SUPPLIERS

Tendahealth (Pty) Ltd will follow the process below for managing complaints relating to representatives and service suppliers:

Tendahealth is committed to ensuring that instances which may give rise to complaints are avoided. Tendahealth's Settlement of Complaints and Disputes Procedure has been established in terms of the legislation as mentioned herein to protect Tendahealth's stakeholders and is intended to provide fair and effective resolution of all complaints.

We will attend to and resolve any complaints timeously and fairly. All relevant employees will be trained with regard to the resolution of complaints in accordance with the relevant provisions of the legislation as referred to herein.

The procedures to be followed when lodging complaints which have not been settled through the normal enquiry channels, will be made available to Afrocentric group stakeholders. Stakeholders will be notified in writing of the outcome of a complaint together with the reason(s) thereof. Stakeholders will further be advised that the

complaint may be pursued with the relevant authorities whose contact details are provided herein.

10. DECISIONS RELATING TO COMPLAINTS

Tendahealth (Pty) Ltd undertakes to ensure that:

- where a complaint is upheld, any commitment by the FSP to make a compensation payment, goodwill payment or to take any other action will be carried out without undue delay and within any agreed timeframes.
- where a complaint is rejected, the FSP will provide the complainant with clear and adequate reasons for the decision and inform the complainant of any applicable escalation or review processes, including how to use them and any relevant time limits.

11. COMPLAINTS ESCALATION AND REVIEW PROCESS

11.1. The FSP will use the following process for the escalation and review of complaints:

Strive to resolve complaints and provide feedback within 6 weeks from receipt thereof.

11.2. *Christine Edwards* is/are responsible for managing the escalation and review process of complaints.

11.3. Where a complaint requires escalation or review it will be referred to the necessary escalation process of the relevant supplier

11.4. Complaints may be escalated and/or reviewed in the following instances:

- Where the complaint is of a complex or unusual nature. In such an instance the initial complaint handler may escalate the complaint.
- Complainants may escalate complaints that were not resolved to their satisfaction (Complainants must be notified of this).

12. RECORD KEEPING, MONITORING AND ANALYSIS

12.1. The FSP will follow the process below for: record keeping, monitoring and analysing of complaints.

Updating the Complaints register on a weekly basis.

12.2. The monitoring and analysis of complaints will be reported to the FSP's senior management on a monthly basis. The report will include:

- Information on the categorisation of complaints
- What risks have been identified since the last report
- What trends have been identified
- What actions will be taken to manage risks and implement improved outcomes.

12.3. The FSP will keep records of these reports, monitor changes and consider whether the Complaints Management Framework may need to be adapted in response to the findings.

12.4. Responsible person/s

Landi Campher will be responsible for the recordkeeping and finalisation or requirements.

Christine Edwards will be responsible for the monitoring and reporting requirements.

13. COMMUNICATION WITH COMPLAINANTS

Tendahealth (Pty) Ltd will ensure that:

- its complaint processes and procedures are transparent, visible and accessible through channels that are appropriate to the provider's clients.
- It does not impose any charge for a complainant to make use of complaint processes and procedures.
- All communications with a complainant will be in plain language.
- Wherever feasible, it will provide clients with a single point of contact for submitting complaints.
- The following information is disclosed to a client:
 - the type of Information required from a complainant
 - where, how and to whom a complaint and related information must be submitted
 - expected turnaround times in relation to complaints
 - any other relevant responsibilities of a complainant

- within a reasonable time after receipt of a complaint, it will acknowledge receipt thereof and promptly inform a complainant of the process to be followed in handling the complaint including:
 - contact details of the person or department that will be handling the complaint
 - indicative and, where applicable, prescribed timelines for addressing the complaint
 - details of the internal complaint's escalation and review process if the complainant is not satisfied with the outcome of a complaint
 - details of escalation of complaints to the office of a relevant Ombud and any applicable timeline
 - details of the duties of the provider and rights of the complainant as set out in the rules applicable to the relevant Ombud.
- Complainants will be kept adequately informed of:
 - the progress of their complaint
 - causes of any delay in the finalisation of a complaint and revised timelines, and
 - the FSP's decision in response to the complaint.
- Any additional measures that Tendahealth (Pty) Ltd will follow to communicate effectively with a complainant.

14. ENGAGEMENT WITH OMBUD AND REPORTING

14.1. The FSP will follow the process below when engaging with an Ombud:

If a complaint has not been resolved within 6 weeks by **Tendahealth (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 Ombudsman whose details is as follow:

The FAIS Ombudsman

Address: PO Box 74571, Lynwood Ridge, 0040

Tel: 012 470 9080

Fax: 012 348 3447

E-mail Address: info@faisombud.co.za

Website: www.faisombud.co.za

- 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.
- The Ombudsman will decline to investigate a complaint, if proceedings have been instituted by the complainant in any court relating to the complaint.
- The Ombudsman may decline to investigate a complaint if there are 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.
- 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.
- The Ombudsman may follow and implement any procedure which it deems fit and may allow any party the right of legal representation.
- The Ombudsman may make recommendations to the parties and if accepted by the parties, such recommendation will have the effect of a final determination.
- 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:
 - The complainant may be awarded compensation.
 - The financial services provider may be ordered to take certain steps; or
 - The Ombudsman may make any other order which a Court may make.

Annexure A – DEFINITIONS

"Client query" means a request to the provider or the provider's service supplier by or on behalf of a client, for information regarding the provider's financial products, financial services or related processes, or to carry out a transaction or action in relation to any such product or service.

"complainant" means a person who submits a complaint and includes a –

- a) client.
- b) person nominated as the person in respect of whom a product supplier should meet financial product benefits or that persons' successor in title.
- c) person whose life is insured under a financial product that is an insurance policy.
- d) person that pays a premium or an investment amount in respect of a financial product.
- e) member.
- f) person whose dissatisfaction relates to the approach, solicitation marketing or advertising material or an advertisement in respect of a financial product, financial service or related service of the provider,

who has a direct interest in the agreement, financial product or financial service to which the complaint relates, or a person acting on behalf of a person referred to in (a) to (f)?

"complaint" means an expression of dissatisfaction by a person to a provider or, to the knowledge of the provider, to the provider's service supplier relating to a financial product or financial service provided or offered by that provider which indicates or alleges, regardless of whether such an expression of dissatisfaction is submitted together with or in relation to a client query, that –

- a) the provider or its service supplier has contravened or failed to comply with an agreement, a law, a rule, or a code of conduct which is binding on the provider or to which it subscribes.
- b) the provider or its service supplier's maladministration or wilful or negligent action or failure to act, has caused the person harm, prejudice, distress or substantial inconvenience; or
- c) the provider or its service suppliers has treated the person unfairly.

"compensation payment" means a payment, whether in monetary form or in the form of a benefit or service, by or on behalf of a provider to a complainant to compensate the complainant for a proven or estimated financial loss incurred as a result of the provider's contravention, non-compliance, action, failure to act, or unfair treatment forming the basis of the complaint, where the provider accepts liability for having caused the loss concerned, but excludes any -

- a) goodwill payment.
- b) payment contractually due to the complainant in terms of the financial product or financial service concerned; or
- c) refund of an amount paid by or on behalf of the complainant to the provider where such payment was not contractually due.

and includes any interest on late payment of any amount referred to in (b) or (c).

"Goodwill payment" means a payment, whether in monetary form or in the form of a benefit or service, by or on behalf of a provider to a complainant as an expression of goodwill aimed at resolving a complaint, where the provider does not accept liability for any financial loss to the complainant as a result of the matter complained about.

"member" in relation to a complainant means a member of a -

- a) pension fund as defined in section 1(1) of the Pension Funds Act, 1956 (Act 52 of 1956).
- b) friendly society as defined in section 1(1) of the Friendly Societies Act, 1956 (Act 25 of 1956).
- c) medical scheme as defined in section 1(1) of the Medical Schemes Act, 1998 (Act 131 of 1998); or
- d) group scheme as contemplated in the Policyholder Protection Rules made under section 62 of the Long-term Insurance Act, 1998, and section 55 of the Short-term Insurance Act, 1998.

"rejected" in relation to a complaint means that a complaint has not been upheld and the provider regards the complaint as finalised after advising the complainant that it does not intend to take any further action to resolve the complaint and includes complaints regarded by the provider as unjustified or invalid, or where the complainant does not accept or respond to the providers proposals to resolve the complaint.

"Reportable complaint" means any complaint other than a complaint that has been -

- a) upheld immediately by the person who initially received the complaint.
- b) upheld within the provider's ordinary processes for handling client queries in relation to the type of financial product or financial service complained about, provided that such process does not take more than five business days from the date the complaint is received; or
- c) submitted to or brought to the attention of the provider in such a manner that the provider does not have a reasonable opportunity to record such details of the complaint as may be prescribed in relation to reportable complaints; and

"upheld" means that a complaint has been finalised wholly or partially in favour of the complainant and that -

- a) the complainant has explicitly accepted that the matter is fully resolved; or
- b) it is reasonable for the provider to assume that the complainant has so accepted; and

all undertakings made by the provider to resolve the complaint have been met or the complainant has explicitly indicated its satisfaction with any arrangements to ensure such undertakings will be met by the provider within a time acceptable to the complainant.

Annexure B – REVIEW REGISTER

[illegible]

Annexure C – COMPLAINTS RESOLUTION PROCESS

Process Step	Step Details
1. Lodge/Receive a Complaint	<ul style="list-style-type: none"> The client is to submit the complaint to the FSP in writing to the contact details that appear in the Complaints Management Framework. <p>The complaint can be submitted by:</p> <ul style="list-style-type: none"> o Hand o Post o Fax o Email <p><i>(If a complaint is submitted telephonically, the FSP will send the client an email to request the relevant details regarding the complaint. The client needs to respond and provide the requested information in writing (e.g., hand, post, fax or email).</i></p> <ul style="list-style-type: none"> The client must submit sufficient detail of the complaint, this includes their: <ul style="list-style-type: none"> o Name and surname o Policy number o ID number o Postal address o Financial Advisor o Product Supplier o Product Type: Risk, Investment, Short term, Endowment, Employee Benefits, Disability, Medical Aid, Unit Trust, Wills etc. o Complaint Category: Product features and charges; Information Disclosures; Advice; Product performance; Client Services; Access; Changes or Switches; Complaints Handling; Claims; or other complaints. o Brief detail of the complaint
2. Acknowledge	<p>The FSP will:</p> <ul style="list-style-type: none"> Acknowledge all complaints within 24 hours of receipt. Clearly and transparently communicate the availability and contact details of the relevant Ombud services to complainants (clients) at all relevant stages of the relationship with a client, including at the start of the relationship and in relevant periodic communications. Ensure all communication with a complainant is in plain language.

Process Step	Step Details
	<ul style="list-style-type: none"> • Provide, wherever feasible, clients with a single point of contact for submitting complaints. • Promptly inform a complainant of the process to be followed in handling the complaint, including- <ul style="list-style-type: none"> ○ Contact details of the person or department that will be handling the complaint. ○ indicative and, where applicable, prescribed timelines for addressing the complaint. ○ details of the internal complaint's escalation and review process if the complainant is not satisfied with the outcome of a complaint. ○ details of escalation of complaints to the office of a relevant Ombud and any applicable timeline; and ○ details of the duties of the provider and rights of the complainant as set out in the rules applicable to the relevant Ombud • Follow up telephonic acknowledgments with a written response either by SMS or email. • Despatch a complaint reference number to the complainant on the acknowledgment of the complaint. • Disclose to the client: <ul style="list-style-type: none"> ○ the type of information required from a complainant. ○ where, how, and to whom a complaint and related information must be submitted. ○ expected turnaround times concerning complaints; and ○ any other relevant responsibilities of a complainant. • Despatch the details of the person allocated to the complaint to the complainant within 48 hours from receipt.
3. Allocate a Responsible person	<p>The FSP will ensure that:</p> <ul style="list-style-type: none"> • The complaint is allocated and dealt with by a trained staff member. • The person responsible for the clients' complaint will furnish the client with his/her contact details and the reference number of the complaint (if applicable) • The Complaints Manager/Key Individual has oversight over the complaints allocated to various personnel <i>[specify who will perform this function]</i>
4. Classify	<p>The FSP will:</p> <ul style="list-style-type: none"> • Ensure that all potential issues are captured and classified for escalation, review, and action, as required • Reduce any complaint, issue or negative client interaction to writing then log and classify for action

Process Step	Step Details
	<ul style="list-style-type: none"> Where a third party is acting on behalf of a complainant, the FSP will ensure that such third party delivers a certified or original consent or power of attorney to act on behalf of a complainant: <ul style="list-style-type: none"> no further dealings will be pursued with such a third party until the proper authority is obtained, however the complaint will be taken up directly with the complainant on whose behalf the complaint is made Formally log all complaints using a relevant process / Complaints Register (whether manual or via computer database system) <p>Risk</p> <p>All complaints will be prioritised as follows:</p> <p><u>Risk 1</u> - These are routine complaints with potentially low business impact.</p> <p>Routine complaints:</p> <ul style="list-style-type: none"> require a response to the client within 15 working days have the potential of becoming serious or official complaints if disregarded or ignored by the FSP require staff to review the complaint and its priority with the Complaints Manager/Key Individual before proceeding to the next step requires the Complaints Manager/Key Individual to decide on the appropriate person(s) to carry out subsequent steps, including the investigation <p><u>Risk 2</u> - These complaints are urgent and can have a serious business impact.</p> <p>Serious complaints:</p> <ul style="list-style-type: none"> require a response to the client within 5 - 10 working days are logged on media platforms, received from Legal Advisors or immediately evidence contravention of legislation requirements such as failure to conduct a proper Needs Analysis can cause reputational harm to a business and/or may cause financial loss to a client need to be handled by the Complaints Manager/Key Individual or a suitable senior person delegated to the task by the Complaints Manager/Key Individual [<i>specify who will perform this function</i>] Complaints received from third parties and/or Legal Advisors will be responded to within 24 hours: <ul style="list-style-type: none"> acknowledge receipt of the complaint

Process Step	Step Details
	<ul style="list-style-type: none"> o further requesting authority to act on the complainant's behalf such as a power of attorney or consent by the complainant to deal with the complaint on the complainant's behalf <p>No information will be divulged to a third party who does not have the proper authority to act on a complainant's behalf.</p> <p><u>Risk 3</u> - These are urgent official complaints received from Authorities e.g., FAIS Ombud.</p> <p>Urgent official complaints:</p> <ul style="list-style-type: none"> • are handled by the Complaints Manager/Key Individual <i>[specify who will perform this function]</i> • Alternatively, the investigation of the complaint may be delegated to a suitable senior person selected by the Complaints Manager/Key Individual • The required draft response and attachments will be collated by such senior person • The Complaints Manager/Key Individual is responsible for compiling the response to the Authority • The response to the Authority will be made within the stipulated turnaround time stated on the official correspondence
5. Categorisation	<p>The FSP will categorise reportable complaints as per the following minimum categories:</p> <ul style="list-style-type: none"> • The design of a financial product, financial service, or related service, including the fees, premiums, or other charges related to that financial product or financial service. • Information provided to clients. • Advice. • Financial product or financial service performance. • Service to clients, including those relating to premium or investment contribution collection or lapsing of a financial product. • Complaint's handling. • Insurance risk claims which include non-payment of claims; and • Other complaints which can be additional categories relevant to the FSPs chosen business model, financial products, financial services, and client base that will support the effectiveness of its Complaints Management Framework in managing conduct risks and effecting improved outcomes and processes for its clients <p>Group the Complaints</p>

Process Step	Step Details
	<p>The FSP will thereafter:</p> <ul style="list-style-type: none"> • Categorise, record, and report on reportable complaints by identifying the category to which a complaint closely relates and group complaints accordingly. • Narrow down the categories to the impact on clients • Measure the impact of the complaint by further categorising it according to the following TCF Outcomes <p><u>TCF Outcome 1</u> Includes complaints:</p> <ul style="list-style-type: none"> • other complaints relating to management issues <p><u>TCF Outcome 2</u> Includes complaints:</p> <ul style="list-style-type: none"> • relating to the design of a product/service • relating to product features and charges that affect this TCF outcome <p><u>TCF Outcome 3</u> Includes complaints:</p> <ul style="list-style-type: none"> • relating to unsuitable or inaccurate, misleading, confusing, or unclear information provided to a client throughout the life cycle of a product • FSP to include the Conflict-of-Interest disclosures required by the FAIS General Code of Conduct (Code); Section 4 and 5 of the Code or any other disclosure requirements in terms of the Code or any other legislation in these disclosures <p><u>TCF Outcome 4</u> Includes complaints:</p> <ul style="list-style-type: none"> • relating to the advice given to a client by an Advisor which was misleading, inappropriate, and/or tainted with conflicts of interest which were not disclosed • concerning inappropriate advice given as a result of lack of knowledge, skill, or experience on the part of the Advisor of the product/service being rendered • regarding failure to conduct a Needs Analysis and to consider the clients' financial position, goals, or life stage <p><u>TCF Outcome 5</u> Includes complaints:</p> <ul style="list-style-type: none"> • about product performance and service-related issues

Process Step	Step Details
	<ul style="list-style-type: none"> relating to a client's disappointment with limitations in a product/service performance of which they were unaware relating to the inability of a product to meet a client's expectations related to a Product Supplier's exercise of a right to terminate a product or amend its terms <p><u>TCF Outcome 6</u> Includes complaints:</p> <ul style="list-style-type: none"> relating to product accessibility, changes or switches relating to handling and complaints relating to claims
6. Investigate	<p>The FSP will:</p> <ul style="list-style-type: none"> Analyse the root cause of the complaint to enable the complaint to be appropriately dealt with and avoid, if possible, its re-occurrence Identify and clarify internal and external key facts. Escalate complaints relating to product features or services handled solely by a Product Supplier. Whenever a complaint is escalated or reviewed ensure that: <ul style="list-style-type: none"> A balanced approach is followed, bearing in mind the legitimate interests of all parties involved including the fair treatment of clients Internal escalation of complex or unusual complaints at the instance of the initial complaint handler is provided for. Clients may escalate complaints not resolved to their satisfaction the escalation is allocated to an impartial, senior functionary within the provider or appointed by the provider for managing the escalation or review process of the provider. Ensure that procedures within the complaints escalation and review process are not overly complicated or impose unduly burdensome paperwork or other administrative requirements on complainants (clients) Document all areas of interaction and communication. Ensure accurate, efficient, and secure recording of complaints and complaints-related information In respect of each reportable complaint, keep a record of: <ul style="list-style-type: none"> All relevant details of the complainant and the subject matter of the complaint

Process Step	Step Details
	<ul style="list-style-type: none"> ○ Copies of all relevant evidence, correspondence, and decisions ○ The complaint categorisation ○ The progress and status of the complaint, including whether such progress is within or outside any set timelines ● Concerning reportable complaints categorised on an ongoing basis record the number of complaints: <ul style="list-style-type: none"> ○ Received, ○ Upheld, ○ Rejected and their reasoning, ○ Escalated by complainants (clients) to the internal complaint's escalation process, ○ Referred to an Ombud and their outcomes. ○ and amounts of Compensation payments made, ○ and amounts of goodwill payments made, ○ the total number of complaints outstanding. ● Ensure complaints information recorded is scrutinised and analysed on an ongoing basis and utilised to manage conduct risks and effect improved outcomes and processes for clients, and to prevent recurrences of poor outcomes and errors ● Obtain consent from the complainant to ensure that no personal information is divulged or processed without the complainant's knowledge or consent. ● Keep the complainant appropriately updated on the progress of the investigation.
7. Resolve and confirm	<p>The FSP will:</p> <ul style="list-style-type: none"> ● Ensure that the proposed resolution meets the Treating Customers Fairly Outcomes, does not prejudice the FSP or complainant, and does not involve any unnecessary legal or financial implications. ● Document and assess the proposed action agreed upon with the Complaints Manager and/or affected Key Individual and Representative. ● Discuss and review the signed off resolution with the complainant to ensure fairness and clarity and to further ensure that the resolution deals with the root cause of the complaint. ● Include recognition and documentation of any underlying issues that have contributed to the complaint and recommendations for actions to prevent the further occurrence in the review.

Process Step	Step Details
8. Respond to Client	<p>The FSP will:</p> <ul style="list-style-type: none"> • Ensure the complaint process is accessible through channels that are appropriate to the FSP's clients • Ensure there are no charges for making use of the complaint process • Ensure communication is in plain language • Clearly explain the details of the findings and proposed resolution to the client - within the agreed timeframes. • Where a complaint is upheld, if there has been any commitment by the FSP to make a compensation payment, goodwill payment, or to take any other action ensure it is carried out without undue delay and within the agreed timeframes • Where a complaint is rejected, the complainant must be provided with clear and adequate reasons for the decision and must be informed of any applicable escalation or review processes, including how to use them and any relevant time limits. • Send a written acknowledgment of the complaint to the complainant, with contact details of the FAIS Ombud, if the complaint cannot be addressed within three weeks and a single point of contact for submitting complaints. <p>If within six weeks of receipt of a complaint the FSP has been unable to resolve the complaint to the satisfaction of a complainant, the complainant may:</p> <ul style="list-style-type: none"> • refer the complaint to the Office of the FAIS Ombud if he/she wishes to pursue the matter; and • the complainant must do so within six months of receipt of such notification. • Appropriate processes for engagement with the Ombud
9. Follow up and review	<p>The FSP will:</p> <ul style="list-style-type: none"> • Diarise complaints to ensure it remains within the appropriate turnaround times. • Keep complainant appropriately informed of the progress of their complaint, • Keep complainant appropriately informed of causes of any delay in the finalisation of a complaint and revised timelines, should a complaint exceed the turnaround time due to unforeseen and reasonable circumstances. • Keep complainant appropriately informed throughout the complaints process of the resolution being sought. • Conduct a follow-up on the resolution of the complaint, to ascertain whether the client was satisfied with the complaints-

Process Step	Step Details
	<p>handling process and the resolution sought and whether the resolution was proper and fair.</p> <ul style="list-style-type: none"> Action any negative responses in the review of complaints.
10. Quality Assurance and Close	<p>The FSP will:</p> <ul style="list-style-type: none"> Ensure the Board of Directors/Governing Body/Complaints Manager/Key Individual ensures that all employees of the business have access to the Complaints Management Framework. Ensure the Board of Directors/Governing Body/Complaints Manager/Key Individual approves and oversees the effectiveness of the implementation of the Complaints Management Framework. Ensure the responsible person, making a decision or recommendation is adequately trained, has an appropriate mix of experience, knowledge, and skills in complaints handling, fair treatment of customers, subject matter concerned, relevant legal and regulatory matters also not subject to conflict of interest and be adequately empowered to make impartial decisions or recommendations. Ensure clients will be made aware of the Complaints Management Framework and will have access to the manual upon request. All complaints will be reviewed <i>[monthly/bi-monthly/quarterly]</i> and will be used as TCF Management Information to improve overall TCF outcomes. Action all complaints to prevent re-occurrence of poor outcomes and errors, where feasible. Ensure complaints are scrutinised and analysed on an ongoing basis Ensure complaints are utilised to manage conduct risks Ensure complaints effect improved outcomes and processes for its clients Update the Complaints Register. Ensure compliance with any prescribed requirements for reporting complaints information to any relevant designated authority or the public as may be required by the Registrar. Close the matter.

Annexure D – ACKNOWLEDGEMENT LETTER

Explanatory note:

The General Code of Conduct requires that an FSP must promptly acknowledge receipt of a complaint in writing with particulars of the staff involved in the resolution of the complaint.

This template letter should be pasted onto a letterhead with full details of the FSP. Keep a record or proof that the letter has been sent. The style and format may be changed according to the FSP's own style and individual requirements.

Dear Mr / Mrs *[Name of Customer]*

We acknowledge receipt of your written complaint, received by us on *[date]*.

We will investigate the matter and attempt to resolve the complaint within a period of *[timeframe]*. If we are unable to resolve the complaint within this time, we will notify you of the reasons for the delay.

The staff member who will be dealing with your complaint is *[staff member's name]*. *[He/She]* may be contacted at the details that appear above.

While we regret that you have cause for concern regarding our financial services rendered, be assured that we will investigate and attempt to resolve your complaint in a timely and fair manner.

Thank you for bringing this to our attention, and for your patience while we investigate this matter.

A copy of our Complaints Resolution Manual is available from our offices, upon request.

Yours faithfully

[FSP]

Annexure E – LETTER WHERE OUTCOME IS NOT IN FAVOUR OF CUSTOMER

Explanatory note:

The General Code of Conduct requires that where the complaint cannot be resolved in favour of the customer, the customer must be informed in writing of the full reasons for not resolving the complaint. The customer must be informed that he/she may refer the matter to the FAIS Ombud within 6 months of this notification. This template letter may be used for this purpose and should be pasted onto a letterhead with the date. Insert full details of the reasons why the complaint could not be settled as this letter will be considered by the Ombud if the matter is referred to him.

Dear Mr / Mrs *[Name of Customer]*

We refer to your written complaint that was received by us on *[date]*.

Thank you for your patience whilst we conducted a thorough investigation into the matter.

We unfortunately regret to advise that we were unable to resolve the complaint in your favour. Our decision is based on the following reason(s):

- 1.
- 2.
- 3.

Should you wish to pursue the matter further with us, the details of our internal complaints escalation and review process is as follows *[include the relevant timeframes and staff member to contact]*:

.....

Alternatively, should you wish to pursue the matter further; you may refer the complaint to the FAIS Ombud. This should be done within six months of receipt of this letter.

The office of the FAIS Ombud may be contacted at:

Postal Address FAIS Ombud

P.O. Box 74571

Lynwood Ridge

0040

Telephone 012 762 5000 / 0860 663 247

E-mail info@faisombud.co.za

Website www.faisombud.co.za

Further steps available to you include seeking legal advice from an Attorney or you may refer the matter to arbitration.

Yours faithfully

[FSP]

Annexure F – LETTER WHERE OUTCOME IS IN FAVOUR OF CUSTOMER

Explanatory note:

The General Code of Conduct requires that where the complaint is resolved in favour of the customer, the FSP must ensure that a full and appropriate redress is offered to the customer without any further delay.

This template letter may be used for this purpose and should be pasted onto a letterhead with the date. Insert full details of the settlement offer including the amount payable, whether any costs will be covered and the manner in which the amount will be settled.

It is suggested that if the offer is acceptable to the customer, he or she acknowledges in writing that the complaint has been resolved to his or her satisfaction.

Dear Mr / Mrs *[Name of Customer]*

We refer to your written complaint which was received by us on [date].

Thank you for your patience whilst we conducted a thorough investigation into the matter.

It gives us pleasure to advise that the complaint has been resolved in your favour. The decision is based on the following reasons:

- 1.
- 2.

We would like to offer you the following redress:

- 1.
- 2.
- 3.

Kindly advise whether this is acceptable to you, so that we can confirm our agreement in writing. Once again, our sincere apologies for the cause which led to this complaint. We hope that we can still be of service to you in the future.

Yours faithfully

[FSP]

Annexure G – IMPORTANT CONTACT DETAILS

FAIS Ombud

Postal Address FAIS Ombud
P.O. Box 74571
Lynwood Ridge
0040

Telephone 012 762 5000 / 0860 663 247

E-mail info@faisombud.co.za

Website www.faisombud.co.za

Long Term Insurance Ombudsman

Postal Address the Ombudsman for Long Term Insurance
Private Bag X 45
Claremont
Cape Town
7735

Telephone 021 657 5000 / 0860 103 236

Facsimile 021 674 0951

E-mail info@ombud.co.za

Website www.ombud.co.za

Short Term Insurance Ombudsman

Postal Address the Ombudsman for Short Term Insurance
P.O. Box 32334
Braamfontein
2017

Telephone 011 726 8900 / 0860 726 890

Facsimile 011 726 5501

E-mail info@osti.co.za

Website www.osti.co.za

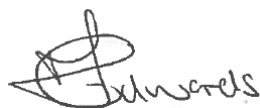
Pension Fund Adjudicator (PFA)

Postal Address	Pension Fund Adjudicator P.O. Box 580 Menlyn 0063
Telephone	012 346 1738 / 012 748 4000
Facsimile	086 693 7472
E-mail	enquiries@pfa.org.za
Website	www.pfa.org.za

Ombudsman for Banking Services / Banking Adjudicator

Address	The Ombudsman for Banking Services 34-36 Fricker Road, Ground Floor, 34 Fricker Road, Illovo Johannesburg
Telephone	011 712 1800 / 0860 800 900
E-mail	info@obssa.co.za
Website	www.obssa.co.za

COMPILED BY:



CHRISTINE EDWARDS

19/05/2021

APPROVED BY:



FRANCOIS ENGELBRECHT

21/05/2021