



## **NAMIBIA FINANCIAL INSTITUTIONS SUPERVISORY AUTHORITY (NAMFISA)**

### **COMPLAINTS FORM**

**(TEL: +264 61 290 5134 / FAX: +264 61 290 5161)**

#### **1. Complainant's Personal Details**

Surname: \_\_\_\_\_

Full Names: \_\_\_\_\_

Contact Numbers: Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Fax: \_\_\_\_\_

Home: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

**Alternative number:** \_\_\_\_\_

**2. Particulars of whom the complaint is against:**

Name of Company: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Details: Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

**3. Type of Complaint:**

**Life Insurance**

**Short Term Insurance**

**Pension Funds**

**Micro Lending**

**Medical Aid**

**Capital Markets**

**Friendly Societies**

**Other**

#### **4. What is the Complaint about?**

Please set out, circumstances of complaint. Please describe as clearly as possible the complete background of the complaint and attach evidence where applicable.

#### **5. Action taken by complainant to resolve the issue:**

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**6. Indicate what are your expectations from NAMFISA:**

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**7. List all attachments:**

<b>Copy of Identity Document</b>	<input type="checkbox"/>
<b>Copy of Contract</b>	<input type="checkbox"/>
<b>Copy of Statement</b>	<input type="checkbox"/>
<b>Benefit Statement</b>	<input type="checkbox"/>
<b>Correspondences</b>	<input type="checkbox"/>
<b>Other</b>	<input type="checkbox"/>

**8. Where did you hear about NAMFISA?**

Radio  Newspaper  Television  Friend/Family  Other   
Specify \_\_\_\_\_

**9. Declaration**

1. *I declare to the best of my knowledge and belief that the information and/or documents that I provide are true and correct;*
2. *I understand that NAMFISA may disclose the information in this complaint to the Member and, if required, to any regulatory authority;*
3. *I/we understand that these authorizations remain in force until the matter which is the subject of the authorization is resolved or until I/we otherwise withdraw the authority;*
4. *I/we understand that once a complaint is made and notwithstanding that the complainant withdraws complaint, NAMFISA may act on its own accord in assembling evidence and may continue to investigate a complaint if there is sufficient evidence available, without the complaint's participation.*

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**Name and Surname**

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**Date**

**Please forward the completed form with attachments to:**

**Nicolene Strauss**  
**Liaison Officer**  
Tel: +264 61 290 5134  
Mobile: +264 61 290 5161  
Office: 51-55 Werner List Street, Gutenberg Plaza, Windhoek - Namibia  
E-Mail: [complaintsdept@namfisa.com.na](mailto:complaintsdept@namfisa.com.na)  
[www.namfisa.com.na](http://www.namfisa.com.na)