



**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.

[illegible]

5. Action taken by complainant to resolve the issue:

6. Indicate what are your expectations from NAMFISA:

7. List all attachments:

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

Name and Surname

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

www.namfisa.com.na