Authorized Financial Services Provider
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www.ultimafp.co.za
Reg no. 2000 / 005080 / 07 | VAT no. 444 0190 355

COMPLAINT FORM

Personal details

Full name:	
Identity number:	
Day time contact number:	
Email address:	

Information relevant to complaint

Details: (please tock relevant areas)

Long-term policy		Investment		Advice	

Service Provider/ Company:	
Investment/ Policy number:	

Complaint details

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If space is not adequate, please provide details on a separate sheet of paper.

Any supporting documents should also be attached and listed.

Please list all attached documents for record purposes:

1. _____
2. _____
3. _____
4. _____

I have read and understand the complaints procedure of Ultima.

Signature _____

Place		Date	

For complaints to be processed timeously, please complete this form in its entirety and ensure that all the required information has been provided and received by the nominated Compliance officer.

Please send the completed form to:

Key Individual	Telephone	Email address
Hendri de Klerk	(012) 348 1386	hendri@ultimafp.co.za complaints@ultimafp.co.za

For internal use only (to be completed on the complaints register)

Date of letter:	
Date of receipt of letter:	
Reference number:	
Compliance officer:	
Responsible person:	
Representative:	
Complaint category