OMBUDSMAN
OF FINANCIAL SERVICES
Umlamuli wetindzaba tetimali

File Ref - *Inombolo Yelifayela* :

COMPLAINT FORM ANNEXURE - *SICHIBELO SELIFOMU LEKUFAKA SIKHALO*

COMPLAINANTS - *LABAFAKA SIKHALO*				
Name ***Libito***	**Surname** ***Sibongo***	**D.O.B / ID number/Lusuku** ***Lwekutalwa/Inombolo Yamatisi***	**Contact Number** ***Inombolo Yelucingo***	**Consent Signature** ***Sivumo/Imvumo Ngekusayina***