



Established in terms of Section 74 of the Financial Service Regulatory Authority Act 2010

<b>FOR OFFICE USE ONLY</b>			
<b>DATE RECEIVED</b>		<b>TIME RECEIVED</b>	
<b>RECEIVED BY</b>			
<b>OUR REFERENCE</b>			

## COMPLAINT FORM

**Note:** Kindly read through the form and consider Section 4 before lodging your complaint.

### SECTION 1

**Tell us about yourself:**

<b>Surname:</b>		<b>Title:</b>	
<b>First Name:</b>			
<b>Occupation (if retired, previous occupation):</b>			
<b>D.O.B./Identity Number:</b>		<b>SEX(F/M):</b>	
<b>Postal or Physical address to which we may send your letters</b>			
<b>Telephone daytime</b>		<b>Cell:</b>	
<b>Email</b>			

**Details of anyone complaining with you or who might have an interest in the matter:**

<b>Surname(s):</b>		<b>Title(s):</b>	
<b>First Name(s):</b>			
<b>Occupation (if retired, previous occupation):</b>			
<b>D.O.B./Identity Number:</b>		<b>SEX(F/M):</b>	
<b>Postal or Physical address to which we may send your letters:</b>			
<b>Telephone daytime:</b>		<b>Cell number(s):</b>	
		<b>Email(s):</b>	

**SECTION 2**

**Details of the person against whom you are complaining:**

<b>Name of person or service provider:</b>			
<b>Their address:</b>	Postal:		Physical:
<b>Phone:</b>		<b>Email:</b>	
<b>Your policy/membership/loan account/client number:</b>			

**Where applicable, give us details of who you dealt with when you were buying the product or that you dealt with pertaining to the matter:**

<b>Name of person or service provider:</b>			
<b>Their address:</b>	Postal:	Physical:	
<b>Phone:</b>		<b>Email:</b>	

**SUPPORTING DOCUMENTS ATTACHED:**  
(PLEASE TICK THE APPROPRIATE BOX)

		YES	NO
GENERAL	COPY OF CONTRACT / PAYMENT AGREEMENT		
	BENEFIT STATEMENT / PAY SLIP		
	CORRESPONDENCE / LETTERS		
MEDICAL / DISABILITY	COPY OF DISABILITY FINDING / REPORT		
DEATH BENEFIT	COPY OF BIRTH AND DEATH CERTIFICATE		
ANY OTHER DOCUMENTS	(PLEASE ATTACH THOSE THAT ARE RELEVANT TO THE CASE)		

**NOTE:**

- (i) IF THE SUBJECT MATTER OF YOUR COMPLAINT IS PENDING BEFORE A COURT OF LAW OR ANY OTHER FORUM, PLEASE BE ADVISED THAT THE OFS CANNOT LOOK AT IT.
- (ii) PLEASE ENSURE THAT YOU ANSWER ALL THE QUESTIONS CORRECTLY.
- (iii) IF YOU HAVE NOT COMPLAINED TO THE PERSON OR SERVICE PROVIDER THE OMBUDSMAN HAS A DISCRETION TO REQUEST THAT YOU DO SO PRIOR TO LODGING A COMPLAINT WITH THE OFS.

**(You will be required to provide proof that you have complained to the person or service provider)**

**SECTION 3**

**3.1 Please tell us in a few words, a brief background of your complaint, indicating the date month/ or year/period in which your grievance occurred or when you became aware of your grievance/complaint.**


**3.2 What are you unhappy about (state clearly in precise relevant terms)?**



**3.3 How would you like your complaint to be resolved? (Outcome expected)**


## SECTION 4

**Your permission for us to go ahead:**

### PERSONAL INFORMATION CONSENT

**NOTE:** You have the right, on reasonable grounds, to object to the sharing of your personal information with other parties. Should this be the case, then the Ombudsman of Financial Services (the Ombudsman) will not be able to investigate your Complaint and your file may be closed.

Please tick each box if you agree:

- I understand that information I submit to the Ombudsman is needed for the purpose of investigating and adjudicating my complaint.
- I understand that where my Complaint does fall under the Ombudsman's jurisdiction, the Ombudsman may share information submitted by me with any of the relevant parties involved in the Complaint, to find out important information about my case. This consent will also include details and documents of minor children (if applicable).
- I will inform the Ombudsman immediately in writing of any change in personal information or contact details provided.

### CONSENT FORM

1. The Ombudsman is committed to protecting the Complainant's privacy and recognises that it needs to comply with statutory requirements in the collection, processing and distribution of personal information.
2. The Constitution of the Kingdom of Eswatini provides that everyone has the right to the protection of the privacy of their home and other property rights of the individuals. In terms of personal information protection principles, where personal information is collected, the Ombudsman will take reasonably practical steps to ensure that the data subject is made aware of the information being collected.
3. In order to resolve the Complaint, it is necessary to provide personal information of the Complainant to the Ombudsman and parties involved in the Complaint. This personal information includes, but is not limited to payment history, bank statements, application forms, salary slips and credit reports.
4. The Ombudsman hereby provides the following information:
  - 4.1. **Type of Information:** Information that is relevant and required to solve the Complaint. This includes, but is not limited to bank statements, credit information, certificates of birth, marriage and death.
  - 4.2. **Nature/Category of Information:** Personal information including but not limited to financial information.
  - 4.3. **Purpose:** Required for purposes of resolving Complaints submitted to the Ombudsman.

- 4.4. **Source:** Information may be sought from the Complainant or any other relevant party in terms of Section 77 of the Financial Services Regulatory Authority Act, 2010.
  - 4.5. **The Ombudsman (Responsible Party):** Information about the Ombudsman is available on our website: [www.ombudsfes.org.sz](http://www.ombudsfes.org.sz)
  - 4.6. **Voluntary/Mandatory:** The Complainant is required to provide the information voluntarily and understands that this information is mandatory for purposes of investigating the Complaint.
  - 4.7. **Legal Requirement:** The Ombudsman may be required, directly or indirectly, in terms of the Laws of Eswatini, to collect the information in order to report to the Ministry of Finance, the Regulator or other Government structures and for responsible record keeping, statistical purposes and relevant policy development.
  - 4.8. **Contractual Requirement:** The information is required in terms of the legislative mandate of the Ombudsman and employment terms of its officers.
  - 4.9. **Consequences of Failure to Provide Information:** Failure to provide the information will result in a failure to resolve the dispute. This will result in the Ombudsman having to close the file.
  - 4.10. **Cross Border Transfer:** Where necessary, the information may be shared with similar external dispute resolution (EDR) bodies of countries who subscribe to similar data protection laws. Where the information is shared with similar bodies which do not subscribe to similar data protection laws, the Ombudsman will enter into an agreement with such entity in terms whereof such entity will be liable to the protection of the personal information.
  - 4.11. **Recipients of Personal Information:** The Ombudsman, parties to the Complaint and government structures. Where necessary the information may be shared with other similar bodies.
  - 4.12. **Access and Right to Amend; Request Correction, Destruction or Deletion:** The Complainant has the right to access and amend; and/or request the correction, destruction or deletion of his/her personal information at any reasonable time.
  - 4.13. **Right to Object:** The Complainant is entitled to object to the use of information. **NB:** However, such objection may lead to the file being closed as the information is required for valid reasons.
  - 4.14. **Complaints:** All Complaints regarding the use of personal information may be directed to the Ombudsman.
5. The Complainant hereby confirms the following:
- 5.1. My matter is not pending at a court of law or any other forum.
  - 5.2. I understand that the Ombudsman or his/her staff may:

- 5.2.1. Handle complaints in a different way from the court (by phone, letter and email).
- 5.2.2. Publish an anonymised copy of my complaint as a case study for consumer education purposes, ensuring to respect my privacy and keep my personal information confidential.

It is agreed that such information may be obtained by the Ombudsman and by signature hereunder.

I, ..... (Complainant) acknowledge that I have read all the terms and conditions in this Complaint Form and that I understand and agree to be bound by such terms and conditions as set out in the Complaint Form.

It is confirmed that by submitting information to the Ombudsman, irrespective of how such information is submitted, I consent to the collection, collation, processing, and storing of such information and the use and disclosure of such information for purposes of carrying out the functions of the Ombudsman.

**Signature:** \_\_\_\_\_  
**COMPLAINANT**

**Date:** \_\_\_\_\_

\_\_\_\_\_

THUS SWORN/ AFFIRMED TO BEFORE ME AT \_\_\_\_\_ ON THIS  
 THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_. THE DEPONENT HAVING ACKNOWLEDGED  
 THE CONTENTS HEREIN.

\_\_\_\_\_  
**DEPONENT**

\_\_\_\_\_  
**COMMISSIONER OF OATHS**

FULL NAME: .....

DESIGNATION: .....