

COMPLAINTS POLICY

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- (a) goodwill payment.
 - (b) payment contractually due to the complainant in terms of the financial product or financial service concerned; or
 - (c) refund of an amount paid by or on behalf of the complainant to the provider where such payment was not contractually due.
- and includes any interest on late payment of any amount referred to in (b) or (c).

"Goodwill payment" means a payment, whether in monetary form or the form of a benefit or service, by or on behalf of a provider to a complainant as an expression of goodwill aimed at resolving a complaint, where the provider does not accept liability for any financial loss to the complainant as a result of the matter complained about.

"Member" about a complainant means a member of a -

- (a) pension fund as defined in section 1(1) of the Pension Funds Act, 1956 (Act 52 of 1956).
- (b) friendly society as defined in section 1(1) of the Friendly Societies Act, 1956 (Act 25 of 1956).
- (c) the medical scheme as defined in section 1(1) of the Medical Schemes Act, 1998 (Act 131 of (1998)); or
- (d) group scheme as contemplated in the Policyholder Protection Rules made under section 62 of the Long-term Insurance Act, 1998, and section 55 of the Short-term Insurance Act, 1998.

"Rejected" about a complaint means that a complaint has not been upheld and the provider regards the complaint as finalised after advising the complainant that it does not intend to take any further action to resolve the complaint and including complaints regarded by the provider as unjustified or Invalid, or where the complainant does not accept or respond to the provider's proposals to resolve the complaint.

"Reportable complaint" means any complaint other than a complaint that has been

- (a) upheld immediately by the person who initially received the complaint.
- (b) upheld within the provider's ordinary processes for handling client queries About the type of financial product or financial service complained about, provided that such the process does not take more than five business days from the date the complaint is received; or

submitted to or brought to the attention of the provider in such a manner that the provider does not have a reasonable opportunity to record such details of the complaint as may be prescribed About reportable complaints; and

"Upheld" means that a complaint has been finalised wholly or partially in favour of the

The complainant and that -

- (a) the complainant has explicitly accepted that the matter is fully resolved; or
- (b) it is reasonable for the provider to assume that the complainant has so accepted; and
- (c) all undertakings made by the provider to resolve the complaint have been met or the complainant has explicitly indicated its satisfaction with any arrangements to ensure such undertakings will be met by the provider within a time acceptable to the complainant.

2. The objective of this framework

The Complaints Management Framework provides a procedure that is required for the effective management and handling of customer complaints by Tshipi Noto Financial Services (Pty) Ltd (FSP). The objective is to ensure effective standards of complaints management to:

- ensure fair outcomes for customers.
- allow easy accessibility by customers to the complaints process implemented by the FSP.
- improve customer services and customer satisfaction from feedback received from clients.
- achieve effective and timely resolution of complaints in respect of acceptable turn-around times.
- provide guidelines for submission of complaints and appeal (escalation) process.
- ensure effective management of complaints, in line with this framework.
- provide the process and engagements with the relevant Ombudsman scheme.
- ensure requirements are met for reporting to the Registrar and/or the public (if required).
- ensure objectivity by the complaints handling staff in attending to and resolving a complaint.

This Framework will be reviewed by the Complaints Handling Department at least annually and presented to the Management Committee for approval.

This Framework provides general principles to guide the way complaints are managed within Tshipi Noto.

This Framework sets out the FSP's philosophy concerning the way complaints are handled, resolved, and monitored (monitored) and refers to conducting an analysis of complaints about root cause analysis to ensure processes are improved to reduce complaints where necessary).

3. Application of the policy

This policy applies to all complaints made by customers in response to the service or services received from the FSP or service providers.

4. Key Principles

The Framework provides for the following key principles in ensuring that the complaints managing process are fair to complainants: accessibility; client-centricity; quality of investigation; timely resolution; consistent and objective decision-making; independent review; confidentiality of client Information and data; accuracy of record-keeping; communication before, during and after complaint; quality Assurance; meaningful Management Information and Analysis.

5. Internal Complaints Managing Process

Parties	Responsibilities
Complaints Managing Officer	Tshipi Noto Financial Services
The first line of escalation	Management Committee (MANCO)
Appeal (1st Review)	Executive Committee (EXCO)
Appeal (2nd review)	Brightrock Insurance
Referral to the ombud	FAIS Ombud and Ombud for Long-Term Insurance (OLTI)

5.1 How to submit a complaint

A complaint must be submitted in writing by a complainant to [\(insert e-mail address\)](#) or: [or call at [telephone number) or FSP Complaints [physical address]. The complaint must be addressed for the attention of the Complaints Managing Officer. The complainant must give a detailed description of the event that caused them to suffer any prejudice. Where applicable the complainant will need to attach documentation in support of your allegations made against FSP or service provider and the service received.

5.1.1 Complaints Managing Officer

The FSP has pointed to a dedicated Complaints Managing Officer (CHO) who is responsible for the investigation of all complaints and queries received from customers or clients and to ensure partial resolution to a complaint. The CHO has complaints managing experience and a better understanding of Treating Customers Fairly. The CHO is independent and receives no incentives for the performance of its duties.

5.2 Complaints Resolution Process

A complaint will be received by the customer services consultant who will acknowledge receipt to the complainant **within 24 hours** providing:

- contact details of the person that will be managing the complaint.
- indicative timelines for addressing the complaint.
- details of the internal complaint's escalation and review process if the complainant is not satisfied with the outcome of a complaint; and
- details escalation of complaints to the office of a relevant ombud where applicable.

A complaint should be resolved **within 6 weeks** of receipt of the complaint.

As soon as the complainant acknowledges the complaint the CHO will start the investigation process which will include determining the nature of the complaint or the category under which the complaint falls to follow the correct process for that complaint.

Complaints received should be categorised according to the following:

5.2.1 Outcome 2: Complaints relating to the design of a product or service or related service, including the fees, premiums or other charges related to that financial product or financial service

This category includes complaints indicating that the service towards the complaint was unfair, inadequate, confusing, or overly complex, or unsuitable for the customers to whom they have been targeted. Complaints regarding unfair or confusing pricing, costs or charges will be dealt with under this category.

5.2.2 Outcome 3: complaints relating to information provided to clients

This includes complaints that any documentation provided to customers or prospective customers, or other communications with customers or prospective customers are inaccurate, unsuitable, misleading, incomplete, confusing, unclear, etc. It covers both advertising and marketing material as well as specific product or service-related communications. It also covers information provided at all stages of the product life cycle. Such complaints could apply to either the content of the information or the manner or medium in which it is provided. It will also include complaints regarding a failure to provide information or complaints that information was provided at an inappropriate time.

5.2.3 Outcome 4: Complaints relating to advice

This category relates to complaints that advice provided did not take adequate account of the customer or prospective customer's needs and circumstances (including affordability), was factually incorrect or misleading, or that advice was not provided when the complainant believes it should have been provided. Complaints indicating that the consultant was subject to a conflict of interest, or was lacking in knowledge, skill, experience, or integrity are dealt with in this category.

5.2.4 Outcome 5(a): Complaints relating to product performance

This category includes complaints indicating a customer's disappointment in becoming aware of limitations relating to the product or service that are not in line with their expectations. Where applicable, this would include (but is not limited to) complaints indicating that the customer was not kept informed during the life of the product of matters that affect the

product's ability to meet expectations. Complaints regarding a product supplier's exercise of any

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contractual right to terminate a product or amend its terms are dealt with in this category.

5.2.5 Outcome 5(b): Complaints relating to customer service including complaints relating to premium or investment contribution collection or lapsing of a financial product

Customer service complaints are those expressing dissatisfaction with FSP's administration of requests and transactions (including complaints regarding FSP's technological support) and complaints relating to how FSP's staff have dealt with the customer (e.g., complaints of rudeness, incompetence, or non-responsiveness). This would include complaints regarding the administrative processing of payments to or by the customer. Included are complaints relating to breaches of privacy or confidentiality. It is important to note that complaints relating to the customer service standards of the third party or outsourced service providers are included in this category. Complaints arise from alleged fraudulent activity by FSP or a service provider, where the customer is dissatisfied with how FSP has managed the matter or with the assistance provided by the FSP in attempting to resolve the matter.

5.2.6 Outcome 6(a): Complaints relating to product accessibility, changes, or switches

This category relates to complaints in respect of barriers or limitations on access to funds, the ability to transfer products or services to another provider, or the ability to amend the product or service. Types of barriers or limitations covered would include penalties, termination charges, lengthy notice periods, complex "red tape" administrative hurdles when trying to access funds, etc.

5.2.7 Outcome 6(b): Complaints relating to complaints handling

This includes complaints regarding the administration of the complaints process, such as delays, poor communication regarding processes and decisions, cumbersome or inaccessible processes, failure to inform complainants of their rights regarding escalation or Ombud mechanisms, etc. It does not include dissatisfaction regarding the outcome of a complaint, which would be regarded as a continuation of the original complaint.

5.2.8 Outcome 6(c): Complaints relating to insurance risk claims including non-payment of claims

These complaints would include:

- i. complaints relating to the administration of the claim process (such as delays, poor communication regarding processes and decisions, cumbersome or inaccessible processes, etc.):
- ii. complaints relating to actual non-payment of claims and where applicable
- iii. complaints regarding the quality of workmanship where claim settlement entails repair or similar services.

In the case of non-payment of claims, reporting requirements about this category are likely to require further sub-categories in respect of the reasons for non-payment, such as:

- Required claim documentation/evidence not submitted
- Criteria for an insured event not met
- Waiting period has not expired
- Exclusion applies
- Excess applies
- Non-disclosure or misrepresentation
- Policy/benefit not in force
- Claimant is not the person entitled to the benefits (beneficiary disputes)
- Dispute re quantum of the claim
- Other reasons.

5.2.9 Other complaints

A catch-all category for any complaints not falling within one of the above TCF-aligned complaints categories or sub-categories. This category should however not be treated as a "default" reporting category.

5.3 Investigation and Resolution of the Complaint

The CHO must investigate using all the information received from the complainant and from consultation with the employee(s) or the department that the complaint is laid against. The process must also consider the customer services charter and commitments to customer service to arrive at a decision that may be favourable to all affected parties.

When necessary, the CHO may delegate this function to an employee who is trained and has the appropriate mix of experience and skill in handling complaints and has a good understanding of the business and TCF outcomes. Should the process take longer than six weeks, the complainant must be advised of the extended period.

After having consulted with the relevant personnel and considering the evidence received from all parties, the CHO must decide which will be communicated to the EXCO first who will review the process followed in resolving the complaint and test its objectivity. On the feedback from the EXCO, the CHO will then communicate the decision to the complainant.

A Complainant must be kept informed of:

- The progress of their complaint.
- Causes of any delay in the finalisation of a complaint and revised timelines.

5.3.1 Decision to dismiss the complaint

If after the investigation the service was rendered according to the adopted processes and procedures within the organization, and no fault on the conduct of an employee or the FSP was found, the decision will be to dismiss the complaint.

The complainant will be advised in writing of the decision arrived at during the investigation process and the reasons for arriving at that decision and be advised of further available recourse within the business.

The appeal process will involve the review of the evidence submitted and the processes followed when deciding to reject the complaint. Should the decision of the appeal board still be to reject or dismiss the complaint, the complainant will be advised in writing of the decision of the appeal board and be advised to submit a complaint to the Ombudsman who is available to assist the complainant?

Should the appeal board decide to grant the complaint? This decision will be communicated to the complainant together with the commitment to make the compensation payment.

5.3.2 Decision to uphold the Complaint

Where a complaint is upheld, the complainant will be advised of the decision by FSP and any commitment to make a compensation payment, goodwill payment or to take any other action will be carried out without undue delay and within any agreed timeframes. The FSP will ensure that customers who are financially prejudiced as a result of its contravention, non-compliance, action, failure to act, or unfair treatment are fairly compensated.

5.3.3 New Information or Withdrawn by Client

No new information refers to when information's requested by the company from the client, however, the client does not respond. The company will forward two (2) consecutive reminder requests via email, SMS or telephonically at 5 working day intervals. Should the client be unreachable or withhold additional information, the complaint will be closed. The CHO will inform the client via email, SMS or telephonically that should the information not be received within 5 working days of the last attempt that the complaint will be closed and may be re-opened once the information's received.

A complaint withdrawn by a client must be confirmed by email, SMS or telephonically recorded.

5.4 Feedback to the Complainant

The complainant must be given feedback on the progress of the complaint resolution process continuously until the complaint is finalised. The feedback referred to here could be in a form of an SMS or a telephone call advising the complainant of the status of the complaint.

6. Record Keeping

A complaint must be recorded in the complaints register, supporting documents must be scanned and kept for a period of five years. The complaints register must be made available for monitoring purposes.

The following details will be captured in respect of each reportable complaint:

- all relevant details of the complainant and the subject matter of the complaint.
- copies of all relevant, evidence, correspondence, and decisions.
- the complaint categorisation as set out in sub-paragraph 5.2 above

7. Monitoring and Reporting

Complaints must be monitored for nature and root cause to identify the trends. The monitoring process will include complaints analysis and the categorisation of the complaint according to the TCF Outcomes as discussed above. Feedback from monitoring will be used as feedback to improve the standard of service rendered to customers.

Complaints monitoring reports must be presented to all business forums including governance committees. The reports must include management information collected during the performance of the monitoring exercise and customer feedback surveys on complaints handling. Reports must indicate improvement from one quarter to another.

8. Complaints Relating to the Product Suppliers

Complaints against the product supplier must be referred to the product supplier concerned, however, the FSP is responsible for ensuring the complaint is attended to and resolved to the satisfaction of all parties, if not that the complainant was advised of the available recourse.

Where complaints are referred to the product supplier, the complainant must be appropriately informed of the process being followed and that the FSP will take reasonable steps to monitor the outcome of the complaint.

9. Referral to the Ombudsman

Should the decision not be to the satisfaction of the customer, the customer has a right to refer the complaint to either:

FAIS Ombudsman Details:

If any complaint about advice given or intermediary services rendered to you was not resolved to your satisfaction, you can contact the FAIS Ombudsman.

Postal Address: The Financial Services Board, PO Box 74571, Lynnwood Ridge, 0040

Telephone Number: +27 12 470 9080 **Fax Number:** +27 12 348 3447

Ombudsman for Long-term Insurance:

Physical address: 3rd Floor Sinclair Building, 21 Dreyer Street, Claremont, Cape Town, 7708

Telephone number: 021 657 5000

10. Ombudsman Complaints

The Ombudsman of the Long-Term Insurance (OLTI) in terms of the Financial Sector Regulations Act has been given authority to attend to complaints from financial services customers when that complaint falls within its jurisdiction. The Complaints from the OLTI are sent to the insurer who will then forward them to the FSP for investigation. The CHO must attend

to the complaint and respond to the insurer within the period set out in the request from the insurer and record the complaint in the complaints register for reporting purposes.

11. FAIS Ombudsman Complaints

A Complainant has a right to refer to the FAIS Ombudsman a decision by a Financial Services Provider (FSP) that is not to their satisfaction on a complaint submitted to FSP. According to its mandate, the main objective of the FAIS Ombud is to investigate and resolve complaints in terms of the FAIS Act (Financial Advisory and Intermediary Services Act, 2002) and the Rules promulgated under the Act. The FAIS Ombud deals with complaints submitted to the Office by a specific client against a financial services provider.

The complaints are attended to by the CHO together with the Compliance Officer. Within 24hrs of receipt, acknowledgement of receipt must be sent to the FAIS Ombud. The complaint will be investigated internally by engaging with the affected departments and requesting comprehensive information including related documentation to ensure that all relevant facts are properly considered in the resolution of the complaint. The findings will be submitted to the ombudsman within the period provided for in the ombudsman complaint.

12. Reporting

The Complaints Handling Department is responsible to report the following information internally and to the public as well as to the authorities:

- number of complaints received.
- number of complaints upheld.
- number of rejected complaints and reasons for the rejection.
- number of complaints escalated by complainants to the internal complaint's escalation process.
- number of complaints referred to an ombud and their outcome.
- number and amounts of compensation payments made.
- number and amounts of goodwill payments made; and
- a total number of complaints outstanding.

The FSP has appropriate processes in place to ensure compliance with any prescribed requirements for reporting complaints information to any relevant designated authority or the public as the Registrar may require it



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