

# Complaint by client

# ASSUPOL

SERVING THOSE WHO SERVE SINCE 1913

Policy number

Dear Client. Thank you for taking the time to submit your complaint. As the person complaining, you must give us all information and documents necessary and sufficient to consider and finalize your complaint. Please complete this form in your own handwriting and correctly, and sign it, in black ink. Then, give it to us with all the documents we need at any of our offices countrywide, or e-mail it to [complaints@assupol.co.za](mailto:complaints@assupol.co.za) or fax it to 087 230 5669.

## Documents you must give to us

- copy of your ID document
- any other relevant documents

## About you

Surname	<input type="text"/>	Full names	<input type="text"/>
ID	<input type="text"/>	Employer	<input type="text"/>
Did your cell phone number change in the past year?	<input type="button" value="yes"/> <input type="button" value="no"/>	Current cell number	<input type="text"/>
Cell (alternative)	<input type="text"/>	Tel - home	<input type="text"/>
Tel - work	<input type="text"/>	Fax	<input type="text"/>
E-mail	<input type="text"/>	Did your address change in the past year?	<input type="button" value="yes"/> <input type="button" value="no"/>
Current residential address	<input type="text"/> <input type="text"/> <input type="text"/> Code <input type="text"/>	Previous residential address	<input type="text"/> <input type="text"/> <input type="text"/> Code <input type="text"/>
Current postal address	<input type="text"/> <input type="text"/> <input type="text"/> Code <input type="text"/>	Previous postal address	<input type="text"/> <input type="text"/> <input type="text"/> Code <input type="text"/>

## Bank account into which we can make payment

We cannot pay premiums back into your salary if premiums were deducted by Persal. We can only make payments into your bank account.

Name of bank	<input type="text"/>	Account number	<input type="text"/>
Branch code	<input type="text"/>	Type of account	<input type="button" value="current"/> <input type="button" value="savings"/> <input type="button" value="transmission"/>

## Describe your complaint

  
  
  

## What solution do you expect?

  
  
  

## Additional instructions - do you want to amend or cancel any other policies that is not part of this complaint?

  
  
  

Complainant signature	<input type="text"/>	Date	<input type="text"/>
		I have received a copy of this form?	<input type="button" value="yes"/> <input type="button" value="no"/>

## About Assupol

Assupol Life Ltd - reg no 2010/025083/06 • authorized financial services provider • Summit Place Office Park, Building 6, 221 Garstfontein road, Menlyn, Pretoria • PO Box 35900, Menlo Park, 0102

# Complaint by client

Policy number

## Premium collection

If you have selected the cancellation of the policy and if the premium was deducted from your salary, i.e. Persal/Persol, a second deduction may go through due to cut-off dates of the salary institution, which is out of our control. We will refund premiums deducted and received by Assupol after cancellation, within 20 business days after deduction.

## Declaration

Please ensure that the information you provided in this complaint notice is true and correct. False information may negatively impact the livelihood of the implicated person/s. If, through investigation, Assupol find that any of the information provided by you is untrue, the cost of any legal remedies may be recovered from you. This complaint and the allegations made cannot be withdrawn. The investigation against the implicated person/s will continue, regardless of a request to withdraw the complaint.

Complainant  
signature

Date

       

I have received a copy of this form?

 

## We will deal with your complaint in the following manner

- Your complaint will be investigated and feedback on the outcome will be provided to you by sms or e-mail within 20 business days. If not, we will provide you with an update of the progress of your complaint.
- If you are not satisfied with the outcome of the investigation, you can request the complaint manager at **e-mail:** complaints@assupol.co.za or **fax:** 087 230 5669 to review your complaint. Our complaint resolution procedure is available at assupol.co.za or at any of our branches.
- If, after you have contacted our complaints department, your concern has not been resolved to your satisfaction, you could approach the:
  - *Ombudsman for long-term insurance - about an aspect of your policy* at **e-mail:** info@ombud.co.za or **tel:** 021 657 5000 / 0860 103 236 or **fax:** 021 674 0951 or **post:** Private Bag X45, Claremont, Cape Town, 7735
  - *Fais Ombud - about the conduct of the intermediary who assisted you* at **e-mail:** info@faisombud.co.za or **tel:** 012 470 9080 / 012 762 5000 or **fax:** 012 348 3447 or **post:** PO Box 74571, Lynnwood Ridge, Pretoria, 0040

## About Assupol

Assupol Life Ltd - reg no 2010/025083/06 • authorized financial services provider • Summit Place Office Park, Building 6, 221 Garstfontein road, Menlyn, Pretoria • PO Box 35900, Menlo Park, 0102