

## Formal Complaint Form

**To:** Infiniti Compliance Officer  
**Contact:** [complaints@infinitiafrica.com](mailto:complaints@infinitiafrica.com)  
 PO Box 23  
 Strathavon  
 2031

**1. Details of complainant:**

Name:	Telephone Number:
ID Number:	Fax Number:
Client policy number:	E mail:

**2. Please select the appropriate option:**

- a. Infiniti Insurance Limited or its representative has contravened or failed to comply with any provision of the Financial Advisory & Intermediary service Act, 2002 and that as a result thereof, the complainant has suffered or is likely to suffer financial prejudice or damage.
  
- b. Infiniti Insurance Limited or its representative has wilfully or negligently rendered a financial service to the complainant which has caused prejudice or damage to the complainant which is likely to result in such prejudice or damage.
  
- c. Infiniti Insurance Ltd or its representative has treated the complainant unfairly.

**3. Please provide a brief summary of the complaint:**

**4. Please attach copies of all relevant documentation in support of the complaint**

Number of pages attached

**5. I have read and understand the Infiniti Insurance Limited Complaints policy.**

Signature of complainant:	
Capacity:	
Date:	