



Application for Assistance

The National Financial Ombud Scheme South Africa (NFO) resolves disputes between subscribing Participants of the scheme and Complainants on issues relating to banking services, credit (non-bank), credit bureau listings, non-life (short-term) insurance and life (long-term) insurance.

Have you complained to the Financial Institution (referred to as the Participant)?

Yes No

If the Participant is a Bank or the Credit Bureau and you selected yes, please provide the reference number supplied by the Participant:

Reference number: _____

If the Participant is an insurer or credit provider, no reference number is required.

Please complete the form and forward to us at **info@nfosa.co.za**.

Our office will assist to forward your complaint to the relevant participant. If you have not previously complained to the Financial Institution, the matter will not be a formal complaint in our office yet, but it will be recorded as a premature complaint. We will only convert the matter to a formal complaint, should the participant not settle the matter with you directly, or you are not satisfied with the settlement provided by the participant, or the participant does not respond to the premature complaint within the 21-day period.

NFO Jurisdiction

Please note that the NFO has certain jurisdictional limitations which are set out in our Rules, a copy of which can be viewed at www.nfosa.co.za.

***This information is compulsory and required for statistical purposes**

Complainant Details

Complete this Section if you are an Individual Complainant – Policy/Account Holder

*Name _____ *Surname _____

*ID/Passport No. _____

First language _____

Are you comfortable to correspond with us in English (yes/no) Yes No If no, please provide further details

Do you have any vulnerabilities we should be aware of? _____

A copy of the NFO's Vulnerabilities Policy can be viewed at [Vulnerable Complainants Policy – NFOSA](#)

Physical/Postal address _____

Province _____ Telephone: Cell _____ Work _____ Home _____

Fax _____ E-mail _____

Information required for statistical purposes by the Regulator*

Age: _____ Race: _____ Gender: _____

I Live in a: Rural/farm area Small town Large Town City

Education: No Matric Matric Diploma Degree Post Graduate Degree Masters Doctorate

Salary Range: 0-80 000 80 000 – 250 000 250 000-500 000 500 000 – 1 000 000 1 000 000+

Complete this Section if the Complainant is a Juristic Person (Company)

Entity Name _____

Entity Type: CC Pty Sole Proprietor Partnership Trust Other _____

Entity Registration No. _____ Entity Annual Turnover R _____ (only required for banking and credit complaints)

Physical/Postal address _____ Province _____

Telephone: Cell _____ Work _____ Home _____

Fax _____ E-mail _____

Contact Details of Authorised Representative

(E.g. Complainant's parent, guardian, broker, legal representative, account signatory, spouse, family member, friend, company director, owner, member etc.) **Please include necessary authority to act on behalf of policy/account holder – Power of Attorney or Letter of Executorship or Consent Letter**

Name _____ Surname _____

Physical/Postal address _____ Province _____

Telephone: Cell _____ Work _____ Home _____

Fax _____ E-mail _____

Participant details (This is the Financial Institution you are complaining about)

Name of Participant against whom the complaint is lodged _____

Account/ Policy holder name and surname _____

Account/Policy number _____ Type of account/policy _____ (if applicable)

Claim number _____ (if applicable) Date of incident: _____

How did you learn about the National Financial Ombud Scheme?

Word of Mouth Internet Newspaper Radio TV Magazine My Financial Services Provider Broker

Social media Other Ombudsman Other _____

Details of your Complaint

Summarise the facts, dates, times and places relevant to your complaint. Attach a separate page if you need more space to describe your complaint. Attach copies (not originals) of supporting documents.

What you want from the Participant?

Briefly state the outcome you hope to achieve. (For example: I would like the Participant to refund R1 000.00/pay my claim for Rxxxx/repair my vehicle.)

NFO Rules

A copy of the NFO rules and POPI policy are available online at [Our Rules – NFOSA](#) and [PAIA Policy – NFOSA](#)

Sign Agreement to the NFO Rules

By my signature below, I agree that my Complaint will be processed by the NFO in accordance with the NFO governing rules. The information provided in this form is, to my knowledge, true and correct.

Signature of Complainant / Complainant’s Authorised Representative
(Attach Power of Attorney for representative)

Date