NFO
National Financial Ombud Scheme
South Africa

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 Services Provider (referred to as the Participant)?

(●) Yes ( ) No

If the Participant is a bank 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.

If you selected no, 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. It is important to understand that should we do this on your behalf, the matter is not 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.

Complainant Details

*This information is compulsory and required for statistical purposes

Complete this Section if you are an individual Complainant

*Name

*Surname

Title: ☐ Mr ☐ Mrs ☑ Miss ☐ Ms ☐ Dr ☐ Adv ☐ Prof ☐ The Late Other

*ID/Passport No.

First Language

Are you comfortable to correspond with us in English (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 **www.nfosa.co.za**

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 per Annum:

☐ 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 Complainant/Authorised Representative

***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)

Date of incident

Claim number

(if applicable)

How did you learn about the National Financial Ombud Scheme?

☐ Word of Mouth ☐ Internet ☐ Newspaper ☐ Radio ☐ TV

☐ Magazine ☐ My Financial Services Provider ☐ Broker ☐ 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 www.nfosa.co.za

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

Contact Details

JOHANNESBURG
110 Oxford Road,
Houghton Estate,
Johannesburg,
Gauteng, 2198

CAPE TOWN
6th Floor, Claremont Central
Building, 6 Vineyard Road,
Claremont, Cape Town, 7708

TELEPHONE
0860 800 900

WHATSAPP
076 574 8055

EMAIL
info@nfosa.co.za

WEBSITE
www.nfosa.co.za