FREE · FAIR · FOR ALL

OMBUDSMAN
OF FINANCIAL SERVICES
Umlamuli wetindzaba tetimali

Established in terms of Section 74 of the Financial Service Regulatory Authority Act 2010

FOR OFFICE USE ONLY

DATE RECEIVED		**TIME RECEIVED**	
RECEIVED BY			
OUR REFERENCE			

COMPLAINT FORM

NOTE:
Kindly read through the Form and consider Section 4 before lodging your complaint.

SECTION 1

Tell us about yourself:

Surname:		**Title:**	
First Name:			
Occupation (if retired, previous occupation):		**Region:**	
Age		**SEX(F/M): Optional***	
Postal or Physical address to which we may send your letters			
Telephone at daytime		**Cell:**	
Email			

How did you hear about the Office of the Ombudsman? (Tick [✓] where appropriate)

Billboard		
Existing/returning Complaint		
Prior Knowledge		
Referral:	Financial Services Provider (FSP)	
	Central Bank of Eswatini Ombudsman	
	Eswatini Competition Commission	
	Conciliation Mediation Arbitration Commission (CMAC)	
	Federation of Organisations of Disabled People in Eswatini (FODSWA)	
	Eswatini Legal Aid	
	Financial Services Regulatory Authority (FSRA)	
	Friend	
	Colleague	
	Family	
	Other Ombudsman Scheme	
Digital media	Facebook	
	LinkedIn	
	Twitter	
	WhatsApp	
	YouTube	
	Website	
Traditional Media	Radio - EBIS	
	Radio - VOC	
	Eswatini TV	
	Channel YemaSwati	
	Print - Financial Market Place	
	Print - Flyer	
	Print- FSRA Booklet	
	Print - Insurer	
	Print - Money Matters	
	Print – Eswatini Observer	
	Print – Times of Eswatini	
	Print – Inside Biz	
	Print -Independent News	
Outreach (State Place)		
Other (specify)		

SECTION 2

Details of the person or service provider against whom you are complaining:

Name of person or service provider:			
Addresses:	Postal:	Physical:	
Phone:		**Email:**	
Your policy/membership/loan account/client number:			

Where applicable, give us details of who you dealt with when you were buying the product or pertaining to the matter:

Name of person or service provider:			
Addresses:	Postal:	Physical:	
Phone:		**Email:**	

SUPPORTING DOCUMENTS ATTACHED:

(PLEASE TICK [✓] THE APPROPRIATE BOX)

		YES	NO
GENERAL	COPY OF CONTRACT		
	COPY OF POLICY		
	LETTER OF FIRST COMPLAINT (30-DAY LETTER) TO FSP		
	FSP FINAL RESPONSE LETTER		
	INCEPTION DOCUMENTS		
	BENEFIT STATEMENT		
	PAYMENT AGREEMENT		
	SALARY ADVICE / PAY SLIP		
	CORRESPONDENCE / LETTERS /EMAILS		
MEDICAL / DISABILITY	COPY OF DISABILITY FINDING / REPORT		
DEATH BENEFIT	COPY OF BIRTH CERTIFICATE		
	COPY OF MARRIAGE CERTIFICATE		
	COPY OF DEATH CERTIFICATE		
ANY OTHER DOCUMENTS	(PLEASE ATTACH THOSE THAT ARE RELEVANT TO THE CASE)		

NOTE:

(i) IF THE SUBJECT MATTER OF YOUR COMPLAINT IS PENDING BEFORE A COURT OF LAW OR ANY OTHER FORUM, PLEASE BE ADVISED THAT THE OFS CANNOT LOOK AT IT.

(ii) PLEASE ENSURE THAT YOU ANSWER ALL THE QUESTIONS CORRECTLY.

(iii) IF YOU HAVE NOT COMPLAINED TO THE PERSON OR SERVICE PROVIDER YOU ARE COMPLAINING AGAINST, THE OMBUDSMAN HAS A DISCRETION TO DIRECT THAT YOU DO SO PRIOR TO LODGING THE COMPLAINT WITH THE OFS.

(You will be required to provide proof that you have complained to the person or service provider)

SECTION 3

3.1 In a concise manner, please tell us your complaint, indicating the date, month/ or year/period in which your grievance occurred or when you became aware of your grievance/complaint.

Note: Should you need more space, feel free to add a paper.

3.2 What are you unhappy about? State clearly, in precise relevant terms, the complaint issue/s

3.3 How would you like your complaint to be resolved? (Outcome expected)

SECTION 4

Terms and Conditions as set out in the Complaint Form:

PERSONAL INFORMATION CONSENT

NOTE: You have the right, on reasonable grounds, to object to the sharing of your personal information with other parties. Should this be the case, then the Ombudsman of Financial Services (the Ombudsman) will not be able to investigate your complaint, and your file will be closed.

Please tick each box if you agree:

- ❑ I understand that the data (information) I submit to the Ombudsman is needed for the purpose of investigating and adjudicating my complaint.

- ❑ I understand that where my complaint does fall under the Ombudsman's jurisdiction, the Ombudsman may share the data (information) submitted by me with any of the relevant parties involved in the Complaint, to find out important and relevant information about my case. This consent will also apply to information and documents of minor children (if applicable).

- ❑ I will inform the Ombudsman immediately in writing of any change in personal information or contact details provided.

CONSENT FORM

1. The Ombudsman is committed to protecting the Complainant's privacy and recognises that it needs to comply with statutory requirements in the collection, processing, correction, retention, distribution, hiding, erasing and deleting or destroying of personal information.

2. The Constitution of the Kingdom of Eswatini provides that everyone has the right to the protection of the privacy of their home and other property rights. In terms of personal information protection principles, where personal data (information) is collected, the Ombudsman will take reasonably practical steps to ensure that the data subject is made aware of the information being collected.

3. To resolve the complaint, it is necessary to provide personal information of the Complainant to the Ombudsman and parties involved in the complaint. This personal information includes, but is not limited to payment history, bank statements, application forms, other inception documents, salary advice (pay) slips, credit reports, etc.

4. **The Ombudsman requires the following information:**

   4.1. **Type of Information:** Information that is relevant and required to solve the complaint. This includes, but is not limited to inception documents, bank statements, credit information, copy of agreement or policy, certificates of birth, marriage and death, application forms, pay slips or any other document or information to support your complaint.

   4.2. **Nature/Category of Information:** Personal information including but not limited to financial information.

   4.3. **Purpose:** Required for purposes of resolving complaints submitted to the Ombudsman.

4.4. **Source:** Information may be sought from the Complainant or any other relevant party in terms of Section 77 of the Financial Services Regulatory Authority Act, 2010 (as amended).

4.5. **The Ombudsman:** Information about the Ombudsman is available through the contacts at the footer of page 1 of this Complaint Form.

4.6. **Voluntary/Mandatory:** The Complainant is required to provide the information voluntarily and understands that this information is mandatory for purposes of investigating the complaint.

4.7. **Legal Requirement:** The Ombudsman may be required, directly or indirectly, in terms of the Laws of Eswatini, to collect the information to report to the Ministry of Finance, the Regulators or other Government structures and for responsible record keeping, consumer education and public awareness, statistical purposes and relevant policy development.

4.8. **Contractual Requirement:** The information is required in terms of the legislative mandate of the Office of the Ombudsman and employment terms of its officers.

4.9. **Consequences of Failure to Provide Information:** Failure to provide the required information will result in a failure to resolve the dispute. This will result in the Ombudsman having to close the file.

4.10. **Cross Border Transfer:** Where necessary, the information may be shared with similar external dispute resolution (EDR) bodies of countries who subscribe to similar data or personal information protection laws. Where the information is shared with similar bodies which do not subscribe to similar data or personal information protection laws, the Ombudsman will enter into an agreement with such entity in terms whereof such entity will be liable to the protection of the personal information.

4.11. **Recipients of Personal Information:** The Ombudsman, parties to the complaint, government structures and MoU partners. Where necessary, the information may be shared with other similar bodies.

4.12. **Access and Right to Amend; Right to request Correction, Destruction or Deletion:** The Complainant has the right to access and amend; and/or request the correction, destruction or deletion of his/her personal information at any reasonable time.

4.13. **Right to Object:** The Complainant is entitled, on compelling legitimate grounds, to object to the processing or use of personal information.

NB: However, such objection will lead to the file being closed as the information is required for valid purposes.

4.14. **Complaints:** All Complaints regarding the processing or use of personal information may be directed to the Data Protection Officer (DPO), who is the Ombudsman.

5. The Complainant hereby confirms the following:

5.1. My matter is not pending before a court of law or any other forum.

5.2. I understand that the Ombudsman or staff of the Office of the Ombudsman may:
5.2.1. Handle complaints in a different way from the court (by phone, letter and/or email).
5.2.2. Publish an anonymised copy of my complaint as a case study for consumer education purposes, ensuring to respect my privacy and keep my personal information confidential.

I agree that such information may be obtained by the Ombudsman and/or staff of the Office of the Ombudsman.

I, ... (Complainant) acknowledge that I have read all the terms and conditions in this Complaint Form and that I understand and agree to be bound by such terms and conditions as set out in the Complaint Form.

I confirm that by submitting the information to the Ombudsman, irrespective of how such information is submitted, I consent to the collection, collation, processing, and storing of such information and the use, transfer and disclosure of such information for purposes of carrying out the functions of the Ombudsman.

Signature: _____ **Date: _____**
COMPLAINANT

_____

THUS SWORN/ AFFIRMED TO BEFORE ME AT_____ ON THIS THE _____ DAY OF _____ 20___. THE DEPONENT HAVING ACKNOWLEDGED THE CONTENTS HEREIN TO BE TRUE AND CORRECT.

_____
DEPONENT

_____
COMMISSIONER OF OATHS

FULL NAME: .....

DESIGNATION: .....