

# Complaints Management Policy

Registered Financial Advice Proprietary Limited (“RFAAdvice”),  
RFAAdvice Protection & Purgo Capital (collectively referred to as the “Group”)

## I. Purpose and GROUP Policy

The following Financial Services Providers (“GROUP”) have adopted this combined and overarching Complaints Management Policy, pursuant to the Financial Advisory & Intermediary Services Act, 2002 (with amendments) and the General Code of Conduct for Financial Services Providers & Representatives, 2008 (with amendments).

Name of GROUP & GROUP No:	Registration No:	Physical Address:	Contact No:	Contact Person:
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Purgo Capital 55460	2025/529969/07			
RFAAdvice Protection 7108	2022/549981/07			

Sign-off Signature of Key Individuals:

Mr. JF Strauss

Mr. MD Strauss

<p><b>Complaints Policy &amp; Complaints Management Framework</b></p>	Original Effective Date	2020 - Amendment of the General Code of Conduct for Authorised Financial Services Providers and Representatives, 2003 and the specific code of conduct for Authorised Financial Service Providers
	Version	1
	Revision	Annually
	Reference Documents	<ul style="list-style-type: none"> <li>• Policyholder Protection Rules (PPR) 2017 - Effective date: January 2019 (Rule 18)</li> <li>• General Code of Conduct Amendment for Authorised FSPs and Representatives - Effective Date: December 2020 (Section 16) and any Amendments thereto</li> <li>• FAIS &amp; Insurance Act and any Amendments thereto</li> <li>• Internal TCF Policy</li> </ul>
	Final Approver	The Management of The Group & Key Individual

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# 1. Document Details

## 1.1 Background

In terms of The Group Treating Customers Fairly (TCF) Policy as well as the Policyholder Protection Rules (PPR), the FSP is committed to rendering financial services honestly, fairly, with due skill, care and diligence and in the interests of its clients and the general integrity of the financial services industry. One of the instruments to achieve this aim is our Complaints Policy (with our Complaints Management Framework) to address any perceived poor service by us. This Complaints Policy therefore seeks to achieve compliance with the aims of our own vision, the PPR and TCF principles.

## 1.2 Purpose & Objective

The purpose of this Policy is to:

- Formalise the procedure for the lodging of complaints by clients of the Group who are dissatisfied with the financial service rendered by the Group and to ensure that the procedure is accessible to all clients;
- Enable the Group to effectively manage and resolve complaints;
- Enable the Group to identify and analyse trends and areas of concern in the rendering of its financial service and thereby to ensure that appropriate interventions are put in place at the earliest possible opportunity;
- Ensure that processes are in place to familiarise staff with the appropriate way of dealing with complaints; and
- Ensure that Management endorses and supports the fair, objective and transparent management of complaints and the procedures set out in this document.

## 1.3 Document Approval

This Policy/Framework is to be approved by the Directors & Key Individual and reviewed annually.

Role	Position	Approved by	Approval Signatures	Date Approved
Management	Key Individual	Johann Strauss		01 Oct 2020
Management	Director	Johann Strauss		01 Oct 2020
Management	Director	Marthinus Strauss		01 Oct 2020

## 1.4 Revision History

Effective Date	Review Letter	Template	Description of Change
01 October 2020	N/A	External CO	Draft for implementation
April 2026	N/A	Adapted to Group	Amendment

The date listed in the first line of the Revision History table is the date the document received its final approval. Hereafter, the date becomes the revision date, displayed as the Effective Date.

## 2. Complaints Policy

### 2.1 The Group's Complaints Management Framework

The Group has established, maintains and operates an adequate and effective complaints management framework, which is appropriate.

#### The Group's Philosophy

It is the Group's philosophy to handle all complaints (reportable and non-reportable) submitted within the shortest possible time and to resolve each complaint to the satisfaction of our clients, where possible. We strive to keep the process transparent and fair (reference to the Group's TCF Policy) at all times, and to keep complainants informed of the process and progress at regular intervals. Where necessary, an escalation process is in place to address urgent matters and complaints that cannot be resolved through the normal channels and processes.

### 2.2 Definitions

The Policyholder Protection Rules, published on 15 December 2017 (with effective date January 2018, of which this rule (18) became effective 1 January 2019), contain the following key definitions which expand on the definitions currently contained in the Short-Term Insurance Act, Financial Advisory and Intermediary Services Act and the General Code of Conduct for Authorised Groups and Representatives:

- (a) **"Complainant"** means a person who submits a complaint and includes a:
- 1) Policyholder or the policyholder's successor in title;
  - 2) Beneficiary or the beneficiary's successor in title;
  - 3) Person whose life is insured under a policy (not applicable to Short Term);
  - 4) Person who pays a premium in respect of a policy;
  - 5) Potential policyholder whose dissatisfaction relates to the relevant application, approach, solicitation or advertising or marketing material, who has a direct interest in the agreement, policy or service to which the complaint relates, or a person acting on behalf of a person referred to in (1 – 5 above).

- (b) **"Complaint"** means an expression of dissatisfaction by a person to an Insurer/FSP relating to a policy or service provided or offered by the Insurer/FSP which indicates or alleges, regardless of whether such an expression of dissatisfaction is submitted together with or in relation to a policyholder query, that:
- 1) The Insurer/FSP has contravened or failed to comply with an agreement, a law, a rule, or a code of conduct which is binding on the Insurer/FSP;
  - 2) The Insurer's/FSP's maladministration or wilful or negligent action or failure to act, has caused the person harm, prejudice, distress or substantial inconvenience; or
  - 3) The Insurer/FSP has treated the person unfairly.
- c) **"Compensation payment"** means a payment, whether in monetary form or in the form of a benefit or service, by or on behalf of an Insurer/FSP to compensate the complainant for a proven or estimated financial loss incurred as a result of the Insurer's/FSP's contravention, non-compliance, action, failure to act, or unfair treatment forming the basis of the complaint, where the Insurer/FSP accepts liability for having caused the financial loss concerned, but excludes any goodwill payment; and payment contractually due to the complainant in terms of a policy or a refund of an amount paid by the complainant to the Insurer where such payment was not contractually due, and includes any interest on the late payment of the amounts referred to.
- d) **"Financial service provider"** means The Group (the FSP).
- e) **"Goodwill payment"** means a payment, whether in monetary form or in the form of a benefit or service, by or on behalf of an Insurer/FSP to a complainant as an expression of goodwill aimed at resolving a complaint, where the Insurer/FSP does not accept liability for any financial loss to the complainant as a result of the matter complained about.
- f) **"Insurer"** means all Product Providers contracted with the Financial Services Provider (FSP).
- g) **"Policyholder query"** means a request to the Insurer/FSP by or on behalf of a policyholder, for information regarding the Insurer's/FSP's policies, services or related processes, or to carry out a transaction or action in relation to any such policy or service.
- h) **"Rejected"** in relation to a complaint means that a complaint has not been upheld and the Insurer/FSP regards the complaint as finalised after advising the complainant that it does not intend to take any further action to resolve the complaint and includes complaints regarded by the Insurer/FSP as unjustified or invalid, or where the complainant does not accept or respond to the Insurer's/FSP's proposals to resolve the complaint.
- i) **"Reportable complaint"** means any complaint other than a complaint that has been:
- 1) Upheld immediately by the person who initially received the complaint;
  - 2) Upheld within the Insurer's/FSP's ordinary processes for handling policyholder queries in relation to the type of policy or service complained about, provided such process does not take more than 5 (FIVE) business days from the date the complaint is received; or
  - 3) Submitted to or brought to the attention of the Insurer/FSP in such a manner that the Insurer/FSP does not have a reasonable opportunity to record such details of the complaint as may be prescribed in relation to reportable complaints.

- j) **"Upheld"** means that a complaint has been finalised wholly or partially in favour of the complainant and that:
- 1) The complainant has explicitly accepted that the matter is fully resolved; or
  - 2) It is reasonable for the Insurer/FSP to assume that the complainant has so accepted; and
  - 3) All undertakings made by the Insurer/FSP to resolve the complaint have been met, or the complainant has explicitly indicated its satisfaction with any arrangements to ensure such undertakings will be met by the Insurer/FSP within a time acceptable to the complainant.
- e) All complaints will be dealt with promptly and with due consideration for the circumstances of the complainant and the Group's staff member involved.
- f) The complainant will regularly be kept up to date with the progress of the complaints handling process and will receive written notification of the outcome of the complaints handling process, which will supply clear and adequate reasons for any decision taken by the Group.
- g) If the complaint is upheld, any action undertaken by the Group must be carried out without delay and/or within agreed timeframes.
- h) The complainant will be informed of his right to pursue his complaint with any relevant industry body or Ombudsman and will receive the appropriate assistance in pursuing his complaint.
- i) All complaints will be treated confidentially if required by the complainant or if the nature of the complaint justifies confidential treatment.
- j) The Group will continuously track complaint trends and will take appropriate action to eliminate any identified shortcomings in its service to prevent a recurrence of any complaint.

## 2.3 Key Principles

The following principles will apply to any and all Complaints dealt with in terms of this Policy:

- a) All complaints are to be channelled via Iress (XPLAN, the FSP's internal customer relationship management program), the Internal Complaints Officer and the External Compliance Officer.
- b) All complaints will be thoroughly investigated and given due consideration. All complaints are to be dealt with in a fair, transparent and objective manner with due consideration for TCF principles and the complainant will be treated with dignity and respect throughout the complaints process.
- c) All staff handling complaints in terms of this Policy should have an appropriate mix of experience, knowledge and skill in complaints handling as well as in the principles of TCF and other regulatory provisions and should be authorised to make impartial recommendations regarding the handling of complaints.
- d) Only relevant information shall be considered when dealing with a complaint. Relevant information is only that information relating directly to the rendering of the financial service and which is founded on fact and can be empirically verified.

## 2.4 Internal Complaints Handling Process & Resolution

### 1) How to lodge a Complaint:

- All complaints must be submitted in writing to Florian Sebastian Wohl, the Internal Complaints Officer. If it is impossible for the client to submit the complaint in writing, full details of the complaint must be verbally relayed to Florian Sebastian Wohl, who will reduce the complaint to writing.
- The complaint may be submitted in any format by providing the relevant details.

- The complaint must provide details of the financial service of which the complainant is complaining and must contain sufficient detail to enable the FSP to identify the staff member involved, the reference number of the policy / claim file and the date that the financial service was rendered. All supporting documentation must accompany the complaint.
- The complaint must identify and explain the reason for the complainant's dissatisfaction and how the complainant wants the complaint resolved.

### 2) Where to Submit a Complaint

- On the Group's website: [www.rfadvice.com](http://www.rfadvice.com)
- By email: [info@rfadvice.com](mailto:info@rfadvice.com)
- By hand: The Group Business premises reception
- Business premises of the Group: SureStore Business Park, 70 Carmine Drive, Burgundy Estate, 7441

### 3) Internal Complaints Handling Procedure

- After receipt of the complaint, the **Receptionist** will refer the complaint via email to the Internal Complaints Officer, who will immediately record the complaint in the Complaints Register and log the claim on XPLAN.
- The Internal Complaints Officer will, within **3 working days** of receiving the complaint, acknowledge receipt of the complaint. The acknowledgement of receipt will inform the complainant that the matter is receiving the due consideration of the Group and that a response with regard to whether or not the complaint will be pursued further will be forthcoming **within 21 days** from receipt of the complaint.
- Further feedback will be provided at least **every month** until the complaint is resolved, although the Group undertakes to try and resolve all complaints **within 6 weeks**.
- The complainant will also be advised of their right to refer his complaint to the relevant industry body or Ombudsman. The complainant will be provided with the contact details of a staff member who will be able to assist with any queries that the complainant may have relating to the progress of the complaint.

- After consideration of the type/nature of the complaint, the Internal Complaints Officer will:
  - Request the file and after due consideration of the facts/circumstances of the complaint, based on relevant information will, where appropriate, interview the relevant staff member(s) involved in the circumstances giving rise to the complaint; and
  - After due consideration and consultation, will prepare a draft response for approval by the Directors and Key Individual, which will be sent to the complainant within 21 days of receipt of the complaint. Such a response will set out whether or not the Group will be pursuing the complaint, or any other action decided by the Directors.
- Any complaint via any social media platform must be referred to the **Receptionist** for referral to the Internal Complaints Officer, who will either advise on an appropriate response or provide an official acknowledgement of the complaint that requests the complainant to submit the complaint via the formal complaints process so that it may be given due consideration in terms of the formal complaints process.

### 4) Timeframe for Resolution of the Complaint

- The Group will do its utmost to resolve the complaint as soon as possible, but within at least **6 weeks from the date of receipt**.
- Should it become apparent that the complaint cannot be resolved within 6 weeks, the Internal Complaints Officer will contact the complainant and inform them of the progress in the matter and/or request an extension within which to respond to the complaint.
- Should a response to the complaint not be finalised within the 6-week period, or within the agreed extended period, or should the complainant not agree to the extension, the complainant must be informed of their right to refer the matter to the relevant Ombudsman or other appropriate industry body.

## 5) Notification to the Client of Complaint Outcome/Resolution

- Once a decision has been made regarding the outcome of the complaint, the decision must be reduced to writing and must be sent to the complainant.
- The response must explain the decision/finding regarding the complaint and must record the reasons for the decision and the complainant must be informed of their right to refer the complaint to the relevant industry body or Ombudsman (whose contact details will be provided in the response).

## 6) Finalisation of the Complaint

- If the complaint has been resolved in favour of the complainant, the appropriate redress must be implemented without delay.
- If the complaint cannot be resolved, or cannot be resolved within the time allowed for the resolution of the complaint, or has not been resolved to the satisfaction of the complainant, the complainant must be informed of their right to refer the matter to the relevant industry body or Ombudsman within 6 months from the date of the outcome of the internal complaints resolution process.
- Once the complainant has been informed of the outcome of the complaint, the Internal Complaints Officer will record the details of the decision in the Internal Complaints Register and will retain a copy of the response in electronic format.
- The Internal Complaints Officer will ensure that the complainant has received the response and will, where appropriate, obtain an acknowledgement of receipt.
- Should the Internal Complaints Officer not receive confirmation that the complainant is satisfied with the outcome of the complaint, the complaint will be kept open for a period of 6 months from the date of the response.

## 7) Details of the Ombudsman

- If the complaint is against an Insurer, it must be lodged with the Ombud for Short-Term Insurance. The procedure for lodging a complaint may be found on the website of the Ombud for Short-Term Insurance ([www.osti.co.za](http://www.osti.co.za)) or may be obtained from the Office of the Ombud. Note the summary of contact details below.

- If the complaint is against the Intermediary (the FSP or a Broker) it must be lodged with the FAIS Ombud. A complaints registration form may be downloaded from the FAIS Ombud's website ([www.faisombud.co.za](http://www.faisombud.co.za)) or obtained from the Office of the FAIS Ombud.
- Also note contact details of the Group, the FSCA and the External Compliance Officer summarised below:

### The Ombudsman for Short-Term Insurance

(in the event of claims problems not satisfactorily resolved)

P.O. Box 32334, Braamfontein, 2017

Tel: 011 726 8900 Share call: 0860 726 890

Fax: 011 726 5501

Email: [info@osti.co.za](mailto:info@osti.co.za) Website: [www.osti.co.za](http://www.osti.co.za)

**The FAIS Ombud** (in respect of complaints in terms of the Intermediary or the Underwriter)

P.O. Box 74571, Lynwood Ridge, 0040

Tel: 012 470 9080

Fax: 012 348 3447

Email: [info@faisombud.co.za](mailto:info@faisombud.co.za)

Website: [www.faisombud.co.za](http://www.faisombud.co.za)

**The FSCA** (if any complaint to the Intermediary or Underwriter is not resolved to your satisfaction):

P.O. Box 35655, Menlo Park, 0102

Tel: 012 428 8000

Fax: 012 346 6941

Email: [info@fsca.co.za](mailto:info@fsca.co.za) Website: [www.fsca.co.za](http://www.fsca.co.za)

### The Group's Complaints Department

Internal Complaints Officer: Florian Sebastian Wohl

Tel: 021 558 6850

Email: [florian@rfadvice.com](mailto:florian@rfadvice.com)

Website: [www.rfadvice.com](http://www.rfadvice.com)

### Insurer Details

The details of the relevant Insurer's complaints department and process are on the statutory notice attached to the Policy Schedule.

### External Compliance Officer's Details

Mr. JB Joannides (FSCA Approval Number: 3485)

PO Box 2762, Sunninghill, 2157

Tel: 011 234 4921

Email: [justin@cruxconsulting.co.za](mailto:justin@cruxconsulting.co.za)

## 8) Reporting on Internal Complaints

- The Internal Complaints Officer will, on a quarterly basis, provide a report to the Directors and Key Individual of the Group on the contents of the Internal Complaints Register, along with any commentary on complaint trends and/or recommendations on preventing similar future complaints. The report will include all complaints but will distinguish between reportable and non-reportable complaints. Such reports shall include a summary of the following information:
  - Number of complaints received;
  - Number of complaints upheld in favour of the complainant, including details of the nature of such complaints and consequences of the outcome thereof;
  - Number of complaints rejected, including details of the nature of such complaints and consequences of the outcome thereof;
  - Number and nature of complaints referred to the Ombud and the outcome thereof;
  - Number and amounts of compensation payments made;
  - Number and amounts of goodwill payments made; and
  - Total number of complaints outstanding.
- Any complaint of a serious nature or any complaint which may have reputational implications for the Group or the Insurers with which the Group contracted, **will immediately be escalated** to the Directors and Key Individual.

## 9) Document Retention

- The details of all complaints will be recorded in the Internal Complaints Register.
- The Register will record, as a minimum, the following information:
  - The identity of the complainant;
  - The nature of the financial service of which the complainant is complaining (i.e. underwriting or claims);
  - The staff member involved in rendering the initial financial service;
  - The reference number of the policy/claim;

- The type of policy involved;
- Details of the specific issue being complained of;
- Classification according to PPR categorisation;
- The date that the complaint was received;
- Who the complaint was allocated to;
- The outcome of the complaint;
- Whether the complainant was satisfied with the outcome of the complaint;
- The date that the complainant was informed of the outcome.

- **The Group** and the Internal Complaints Officer are the custodians of the Internal Complaints Register.
- All records of complaints will be retained for a minimum of 5 years from the date of resolution of the complaint.

## 10) Monitoring of the Contents of the Internal Complaints Register

- The information contained in the Internal Complaints Register will be monitored by the Internal Complaints Officer and External Compliance Officer on an ongoing basis to identify any trends and areas of concern in the rendering of financial services by the Group and to ensure that appropriate interventions are put in place at the earliest possible opportunity.
- Any trends or matters of concern will be raised to the Directors and Key Individual of the Group, along with any recommendations to mitigate the trend in question, where appropriate/possible.
- Complaints analysis should be used to:
  - Identify common/recurrent root causes of complaints;
  - Identify failings in control systems;
  - Detect and correct/mitigate poor staff or service provider performance, lack of skills or misconduct;
  - Track implementation of TCF outcomes.

## 11) Consequences of Non-Compliance

- Fair, effective and satisfactory resolution of complaints is the responsibility of every employee.
- Every employee is expected to read and familiarise themselves with the contents of this Policy and to adhere to the procedures as outlined in this Policy.
- Any wilful or negligent non-compliance with the Policy and the procedures instituted in terms thereof by any employee will constitute an offence as outlined in the employment contracts and could form the subject of disciplinary action by the Group against any person (employee) found not to adhere to the Policy.
- Any such transgression must be reported to one of the Directors, who will decide on what action should be taken

## 12) Staff Training & Awareness

The FSP undertakes to create awareness and understanding of the Policy and the Complaints Management Framework by:

- Distributing the Policy amongst its staff;
- Including a reference to the Policy in the Employment Contracts;
- Providing adequate training regarding the Policy to all staff;
- Ensuring that the Policy is accessible to all staff at any time by placing it on the internal drive.

## 13) Client Awareness of and Accessibility to the Policy

The FSP undertakes to ensure awareness and accessibility to the Policy by:

- Referring to the Policy in the Group's official disclosure document/s
- Uploading the Policy onto the Group's website;
- Making the Policy available to any client on request or at any time when the Group becomes aware of an actual or potential complaint;
- Making the Policy accessible to all staff Directors.

## 14) Review of the Policy

- This Policy will be reviewed in the event of any legislative changes necessitating such review or annually.
- The purpose of the annual review will be to:
  - Monitor the effectiveness of the Policy and adapt the Policy where it seems to have been ineffective;
  - Monitor internal compliance with and awareness of the Policy;
  - Refine the processes and procedures in the Policy where necessary;
  - Ensure compliance with applicable legislation.

## 2.5 Categorisation of Complaints

The Group categorises reportable complaints in accordance with the specified categories:

- Complaints relating to the design of a policy or related service, including the premiums or other fees or charges related to that policy or service;
- Complaints relating to information provided to policyholders;
- Complaints relating to advice;
- Complaints relating to policy performance;
- Complaints relating to service to policyholders, including complaints relating to premium collection or lapsing of policies;
- Complaints relating to policy accessibility, changes or switches;
- Complaints relating to complaints handling;
- Complaints relating to insurance risk claims, including non-payment of claims and other complaints