

ENVI AFRICA LIFE

COMPLAINTS MANAGEMENT FRAMEWORK

SECTION 1- DOCUMENT ADMINISTRATION

Document Control

Document Properties

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Approvals

Role	Name	Signature	Signature Date
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DOCUMENT STRUCTURE

This document comprises of two parts:

The first section contains the document administration;

The second section contains the Complaints Management Framework approved by the Board;

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SECTION 2 – FRAMEWORK

1. Policy Statement

Customer satisfaction is a fundamental part of ENVI Africa Life Pty (Ltd) ("ENVI") culture, and we appreciate our clients bringing their concerns to our attention. By doing so it will not only allow us to correct defective service delivery but most importantly allow us to enhance the service excellence that we at ENVI aspire to bring to our valued clients. The Framework serves to meet the requirements of the Financial Advisory and Intermediary Services Act, 2002 ("FAIS Act") to ensure that ENVI provides fair treatment of policyholders and beneficiaries.

2. Objectives of this Framework

- 2.1 The Complaints Management Framework provides a procedure that is required for the effective management and handling of customer complaints by ENVI. The objective is to ensure effective standards of complaints management in order to:
- 2.1.1 ensure fair outcomes for customers;
 - 2.1.2 allow easy accessibility by customers to the complaints process implemented by the FSP;
 - 2.1.3 improve customer services and customer satisfaction from feedback received from clients;
 - 2.1.4 to provide for the monitoring of complaints by testing each complaint against a TCF Outcome it relates to and provide for the mechanism to treat the root cause of the Complaint;
 - 2.1.5 achieve effective and timely resolution of complaints in respect of acceptable turn-around times;
 - 2.1.6 provide guidelines for the submission of complaints and escalation process;
 - 2.1.7 ensure effective management of complaints, in line with this framework;
 - 2.1.8 provide the process and engagements with the relevant Ombudsman scheme;
 - 2.1.9 ensure that requirements are met for reporting to the Registrar and/or the public (if required)
 - 2.1.10 ensure objectivity by the complaints handling staff in attending to and resolving a complaint.

- 2.2 This framework will be reviewed by the Risk Committee at least annually or as and when there are changes to any of the applicable statutes. The reviewed Framework will be presented to the Board for approval.
- 2.3 This Framework provides general principles to guide the way complaints are managed within ENVI. Where an outsourced partner has a policy, process or procedures, guide or training manual relating to complaints management, all such documents must comply with, and not contradict, this Framework.
- 2.4 Furthermore, this Framework sets out ENVI's philosophy concerning the way complaints are handled, resolved and monitored (monitored) refers to conducting an analysis of complaints about root cause analysis to ensure processes are improved to reduce complaints where necessary).

3. Scope

- 3.1 The Framework applies to all complaints made by customers in response to the service or services received from ENVI or from the Service Provider providing services on behalf of ENVI in terms of a Service Level or Intermediary Agreement that is in place between the Service Provider and ENVI.
- 3.2 This Framework is issued in terms of the provisions of the Financial Advisory and Intermediary Services Act of 2002 (FAIS) and the Policyholder Protection Rules, 2017 ("PPR").

4. Definitions

"Complaint" means an expression of dissatisfaction by a person to a provider or, to the knowledge of the provider, to the provider's services supplier relating to a financial product or financial services provided or offered by that provider which indicates or alleges, regardless of such an expression of dissatisfaction is submitted together with or in relation to a client query

- (a) the FSP or its service provider has contravened or failed to comply with an agreement, a law, a rule, or a code of conduct which is binding on the FSP or to which it subscribes;
- (b) the FSP or its service provider's maladministration or wilful or negligent action or failure to act, has caused the complainant harm, prejudice, distress or substantial inconvenience; or
- (c) the FSP or its service provider has treated the complainant unfairly.

“Complainant” means a person who has submits a complaint and includes a:

- (a) client;
- (b) a person nominated as the person in respect of whom a product supplier should meet financial product benefits or that person’s successor in title;
- (c) a person whose life is insured under a financial product that is an insurance policy;
- (d) a person that pays a premium or an investment amount in respect of a financial product;
- (e) member;
- (f) person whose dissatisfaction relates to the approach, solicitation marketing or advertising material or an advertisement in respect of a financial product, financial service or related service of the provider.

“Compensation payment” whether in monetary form or in the form of a benefit or service, by or on behalf of a provider to a complainant to compensate the complainant for a proven or estimated financial loss incurred as a result of the provider's contravention, non -compliance, action, failure to act, or unfair treatment forming the basis of the complaint, where the provider accepts liability for having caused the loss concerned, but excludes an

- (a) goodwill payment;
- (b) payment contractually due to the complainant In terms of the financial product or financial service concerned; or
- (c) refund of an amount paid by or on behalf of the complainant to the provider where such payment was not contractually due;

and includes any interest on late payment of any amount referred to in (b) or (c).

“Goodwill payment” means a payment, whether in monetary form or in the form of a benefit or service, by or on behalf of a provider to a complainant as an expression of goodwill aimed at resolving a complaint, where the provider does not accept liability for any financial loss to the complainant as a result of the matter complained about.

"Member" in relation to a complainant means a member of a -

- (a) group scheme as contemplated in the Policyholder Protection Rules made under section 62 of the Long-term Insurance Act, 1998, and section 55 of the Long-term Insurance Act, 1998 (PPR).

“Rejected” in relation to a complaint means that a complaint has not been upheld and the provider 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 provider as unjustified or Invalid, or where the complainant does not accept or respond to the provider's proposals to resolve the complaint.

“Reportable complaint” means any complaint other than a complaint that has been

- (a) upheld immediately by the person who initially received the complaint;
- (b) upheld within the provider's ordinary processes for handling client queries in relation to the type of financial product or financial service complained about, provided that such process does not take more than five business days from the date the complaint is received; or
- (c) submitted to or brought to the attention of the provider in such a manner that the provider does not have a reasonable opportunity to record such details of the complaint as may be prescribed in relation to reportable complaints.

“Upheld” means that a complaint has been finalised wholly or partially in favour of the complainant and that -

- (a) the complainant has explicitly accepted that the matter is fully resolved; or
- (b) it is reasonable for the provider to assume that the complainant has so accepted; and
- (c) all undertakings made by the provider 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 provider within a time acceptable to the complainant.

5. Key Principles

The Framework provides for the following key principles in ensuring that the complaints handling process is fair to Complainants:

- 5.1 **Accessibility:** ENVI makes complaints reporting visible to customers on all key documents provided to them as well as on its website.
- 5.2 **Client-centricity:** Complaint handling staff are expected to demonstrate the right attitude toward every client.
- 5.3 **Quality of investigation:** ENVI will take reasonable steps to gather and investigate all relevant information and circumstances when handling complaints.

- 5.4 **Timely resolution:** ENVI's quality standards recognise that all complaints must be resolved in a timely manner and in line with the timelines set out in this framework.
- 5.5 **Consistent and objective decision-making:** ENVI will ensure that employees and decision makers avoid bias when handling complaints so that principles of fairness and objectivity are upheld.
- 5.6 **Independent review:** Through the ENVI Arbitrators, ENVI will provide additional opportunities for an independent review of complaints in line with the escalation and review process contained in this framework. Where required, segregation of duties and escalation procedures will be utilised to maintain and safeguard the independence of employees responsible for handling complaints.
- 5.7 **Confidentiality of Client Information and Data:** As far as possible, ENVI will maintain the confidentiality of customers' personal information and comply with the relevant legislation to ensure that internal controls are in place for the safeguarding of data.
- 5.8 **Accuracy of record-keeping:** Complaints must be accurately, efficiently and securely recorded.
- 5.9 **Communication before, during and after complaint:** ENVI will provide customers with clear upfront communication concerning how they can complain and how their complaint will be handled.
- 5.10 **Quality Assurance:** ENVI will ensure that there is an appropriate level of quality assurance in place to monitor that the standards referred to in this framework are adhered to.
- 5.11 **Meaningful Management Information and Analysis:** Useful management information reports pertaining to complaints will be developed and implemented, subject to regulatory requirements and business needs.

6. Responsible Parties

6.1 Board of Directors

The board of directors is responsible for effective complaints management and must approve and oversee the effectiveness of the implementation of this Framework. The Board delegates some of its responsibilities to the Board Sub-Committees responsible for overseeing risk management and market conduct

6.2 Risk Committee

The Risk Committee is appointed by the Board to oversee the implementation of the Framework and to report on its effectiveness in ensuring the improvement of the complaint's management process by ENVI.

6.3 Market Conduct Committee

The Market Conduct Committee (MCC) is part of the management committee that reports to both the Risk and Audit Committees through the Complaints Handling Officer (CHO) every quarter. It is tasked with overseeing the implementation of the Treating Customers Fairly Outcomes ("TCF") within ENVI and to ensure that TCF Policy is implemented. It is further tasked with Complaints handling and management of outcome 6 of TCF. The MCC must ensure the effective implementation of the Framework, monitoring and reporting on the complaints received directly from the complainants or ombudsman.

6.4 Executive Management and Executive Committee (EXCO)

EXCO is responsible for the implementation of the Framework and to ensure that it is effective in achieving its objectives. Executive management is responsible for the active implementation of the Framework and provides the necessary resources required by Market Conduct regarding the investigation of a complaint and making available all the necessary information including documentation for investigating and to successfully finalise a complaint.

6.5 Market Conduct Manager

The Market is responsible for the operational implementation of this Framework and processes developed in accordance with it as well as ensuring the execution of agreed standards including quality assurance.

6.6 Complaints Handling Officer (CHO)

CHO reports to the Market Conduct Manager; and is responsible for the investigation of all complaints and queries received from customers or clients and to ensure partial resolution to a complaint. The CHO shall have complaints handling experience and a better understanding of TCF. The CHO is independent and receives no incentives for the performance of their duties, only receives a salary in terms of the Remuneration Policy.

6.7 Risk

Risk Management is responsible for reviewing adherence to the requirements outlined by this framework.

6.8 Compliance

Compliance is responsible for monitoring adherence to the requirements outlined by this Framework and ensuring that it remains in line with relevant legislation.

6.9 Complaints Arbitrator

Handles the complaints that are received from a Complainant that was not satisfied with the outcome of the initial complaints handling process. The Arbitrator reviews the complaint and provides an impartial decision after consultation with the relevant parties and reviewing all necessary documentation.

7. Internal Complaints Handling

7.1 How to submit a complaint

A complaint must be submitted in writing by a complainant to Complaints@EnviAfrica.co.za, or call at 27 (10) 141 0053.

All complaints must be addressed for the attention of the Complaints Handling Officer. The complainant must give a detailed description of the event that caused them to suffer any prejudice. Where applicable the complainant will need to attach documentation in support of the allegations made against ENVI or Service Provider and the service received.

7.2 Complaint Resolution Process

A complaint will be received by the CHO who will acknowledge receipt to the complainant within 24 hours by providing the following information to the complainant:

- 7.2.1 contact details of the person or department that will be handling the complaint;
- 7.2.2 indicative timelines for addressing the complaint;
- 7.2.3 details of the internal complaints escalation and review process if the complainant is not satisfied with the outcome of a complaint; and

7.2.4 details of escalation of complaints to the office of a relevant Ombud where applicable.

A complaint should be resolved within 15 days working days of receipt of the complaint after taking reasonable steps to gather and investigate all relevant and appropriate information and circumstances, with due regard to the fair treatment of complainants. All communication to the Complainant must be in plain language.

Complaints received should be categorised according to the following:

7.2.5 Outcome 2: Complaints relating to the design of a product or service or related service, including the fees, premiums or other charges related to that financial product or financial service

This category includes complaints indicating that the service towards the complaint was unfair, inadequate, confusing or overly complex, or unsuitable for the customers to which they have been targeted. Complaints regarding unfair or confusing pricing, costs or charges will be dealt with under this category.

7.2.6 Outcome 3: complaints relating to information provided to clients

This includes complaints that any documentation provided to customers or prospective customers, or other communications with customers or prospective customers is inaccurate, unsuitable, misleading, incomplete, confusing, unclear, etc. It covers both advertising and marketing material as well as specific product or service-related communications. It also covers information provided at all stages of the product life cycle. Such complaints could apply to either the content of the information or the manner or medium in which it is provided. It will also include complaints regarding a failure to provide information or complaints that information was provided at an inappropriate time.

7.2.7 Outcome 4: Complaints relating to advice

This category relates to complaints that advice provided did not take adequate account of the customer or prospective customer's needs and circumstances (including affordability), was factually incorrect or misleading, or that advice was not provided when the complainant believes it should have been provided. Complaints indicating that the consultant was subject to a conflict of interest, or was lacking in knowledge, skill, experience or integrity are dealt with in this category.

7.2.8 Outcome 5(a): Complaints relating to product performance

This category includes complaints indicating a customer's disappointment in becoming aware of limitations relating to the product or service that are not in line with their expectations. Where applicable, this would include (but is not limited to) complaints indicating that the customer was not kept adequately informed during the life of the product of matters that affect the product's ability to meet expectations. Complaints regarding a product supplier's exercise of any contractual right to terminate a product or amend its terms are dealt with in this category.

7.2.9 Outcome 5(b): Complaints relating to customer service including complaints relating to premium or investment contribution collection or lapsing of a financial product

Customer service complaints are those expressing dissatisfaction with FSP's administration of requests and transactions (including complaints regarding FSP's technological support) and complaints relating to the way in which FSP's staff have dealt with the customer (e.g. complaints of rudeness, incompetence or non-responsiveness). This would include complaints regarding the administrative processing of payments to or by the customer. Included are complaints relating to breaches of privacy or confidentiality. It is important to note that complaints relating to the customer service standards of the third party or outsourced service providers are included in this category. Complaints arising from alleged fraudulent activity by FSP or a service provider, where the customer is dissatisfied with the manner in which FSP has handled the matter or with the assistance provided by the FSP in attempting to resolve the matter.

7.2.10 Outcome 6(a): Complaints relating to product accessibility, changes or switches

This category relates to complaints in respect of barriers or limitations on access to funds, or in the ability to transfer products or services to another provider, or the ability to make changes to the product or service. Types of barriers or limitations covered would include penalties, termination charges, lengthy notice periods, complex "red tape" administrative hurdles when trying to access funds, etc.

7.2.11 Outcome 6(b): Complaints relating to complaints handling

This includes complaints regarding the administration of the complaints process, such as delays, poor communication regarding processes and decisions, cumbersome or inaccessible processes, failure to inform complainants of their rights regarding escalation or Ombud mechanisms, etc. It does not include dissatisfaction regarding the outcome of a complaint, which would be regarded as a continuation of the original complaint.

7.2.12 Outcome 6(c): Complaints relating to insurance risk claims including non -payment of claims

These complaints would include:

- 7.2.12.1 complaints relating to the administration of the claim process (such as delays, poor communication regarding processes and decisions, cumbersome or inaccessible processes, etc.);
- 7.2.12.2 complaints relating to actual non-payment of claims and; where applicable;
- 7.2.12.3 complaints regarding the quality of workmanship where claim settlement entails repair or similar services.

In the case of non-payment of claims, reporting requirements in relation to this category are likely to require further sub-categories with respect to the reasons for non-payment, such as:

- 7.2.12.4 Required claim documentation/evidence not submitted
- 7.2.12.5 Criteria for the insured event not met
- 7.2.12.6 Waiting period not expired
- 7.2.12.7 Exclusion applies
- 7.2.12.8 Excess applies
- 7.2.12.9 Non-disclosure or misrepresentation
- 7.2.12.10 Policy/benefit not in force
- 7.2.12.11 The claimant is not the person entitled to the benefits (beneficiary disputes)
- 7.2.12.12 Dispute re quantum of the claim
- 7.2.12.13 Other reasons.

7.2.13 Other complaints

A catch-all category for any complaints not falling within one of the above TCF aligned complaints categories or sub-categories. This category should however not be treated as a “default” reporting category.

7.3 Investigation and Resolution of the Complaint

The CHO must conduct an investigation using all the information received from the complainant and from consultation with the employee(s) or the department that the complaint is laid against. The process must also consider the Customer Services Charter and commitments to customer service in order to arrive at a decision that may be favourable to all affected parties.

When necessary, the CHO may delegate this function to an employee who is adequately trained and has the appropriate mix of experience and skill in handling complaints and has a good understanding of the business and TCF outcomes. Should the process take longer than six weeks, the complainant must be advised of the extended period.

After having consulted with the relevant personnel and considered the evidence received from all parties, the CHO must make a decision which will be communicated to the EXCO first who will review the process followed in resolving the complaint and test its objectivity. On the feedback from the EXCO, the CHO will then communicate the decision to the complainant.

A Complainant must be kept adequately informed of:

- The progress of their complaint;
- Causes of any delay in the finalisation of a complaint and revised timelines.

7.3.1 Decision to Dismiss the Complaint

If after the investigation it appears that the service was rendered according to the adopted processes and procedures within the organization, and no fault on the conduct of an employee or the organisation was found, the decision will be to dismiss the complaint.

The Complainant will be provided with clear and adequate reasons for the decision and be informed of the escalation or review process, including how to use it and any relevant time limits.

The appeal process will involve the review of the evidence submitted and the processes followed when arriving at the decision to reject the complaint. Should the decision of the appeal board still be to reject or dismiss the complaint, the complainant will be advised in writing of the decision of the appeal board and be advised to submit a complaint to the Ombudsman who is available to assist the complainant.

Should the appeal board arrive at a decision to grant the complaint, this decision will be communicated to the complainant together with the commitment to make the compensation payment.

7.3.2 Decision to Uphold the Complaint

Where a complaint is upheld, the complainant will be advised of the decision by ENVI and any commitment to make a compensation payment, goodwill payment or to take any other action will be carried out without undue delay and within any agreed timeframes.

ENVI will ensure that customers who are financially prejudiced as a result of its contravention, non-compliance, action, failure to act, or unfair treatment are fairly compensated.

7.4 Feedback to the Complainant

The complainant must be given feedback on the progress of the complaint resolution process continuously until the complaint is finalised. Feedback from the Complaint on the manner in which the complaint was handled by ENVI must be received from the Complainant. The feedback referred to here could be in a form of an SMS or a telephone call advising the complainant of the status of the and feedback on the complaint.

8. Complaints Appeal and Review Process

Within 10 working days, A Complainant that is not satisfied with the decision made on their complaint may refer the complaint to the Complaints Arbitrator in a form of an appeal or a review to the following address: Complaintsreview@EnviAfrica.co.za for the attention of the Complaints Arbitrator.

The Arbitrator will acknowledge receipt of the complaint escalation within 48 hours and inform the Complainant of:

- 8.1 details of information required from them;
- 8.2 the manner in which the complaint related information must be submitted to the Complaints Arbitrator;
- 8.3 the expected turnaround times to finalise the appeal or review process;
- 8.4 Any other relevant responsibilities of the Complainant;

- 8.5 The Complaints Arbitrator will in writing, inform the appellant of the outcome of the appeal or review within 15 working days after receipt;
- 8.6 The Complaints Arbitrator will ensure that the outcome of the escalation or review process is impartial and will have due regard to the fair treatment of customers at all times.

9. Record Keeping

A complaint must be recorded in the complaints register, and supporting documents must be scanned and kept for a period of five years. The complaints register must be made available for monitoring purposes.

The following details will be captured in respect of each reportable complaint:

- 9.1 all relevant details of the complainant and the subject matter of the complaint;
- 9.2 copies of all relevant, evidence, correspondence and decisions;
- 9.3 the complaint categorisation is set out below:
 - 9.3.1 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;
 - 9.3.2 complaints relating to information provided to policyholders;
 - 9.3.3 complaints relating to advice;
 - 9.3.4 complaints relating to policy performance;
 - 9.3.5 complaints relating to service to policyholders, including complaints relating to the premium collection or lapsing of policies;
 - 9.3.6 complaints relating to policy accessibility, changes or switches;
 - 9.3.7 complaints relating to complaints handling;
 - 9.3.8 complaints relating to insurance risk claims, including non-payment of claims;
 - 9.3.9 other complaint categories relevant to our business model, policies, services and policyholder base;
 - 9.3.10 progress and status of the complaint, including whether such progress is within or outside any timelines set out in this framework.

10 Monitoring and Reporting

Complaints must be monitored for nature and root cause in order to identify the trends. The monitoring process will include complaints analysis and the categorisation of the complaint according to the TCF Outcomes as discussed above. Feedback from monitoring will be used as feedback to improve the standard of service rendered to customers.

Complaints monitoring reports must be presented to all business forums including governance committees. The reports must include management information collected during the performance of the monitoring exercise and customer feedback surveys on complaints handling. Reports must indicate improvement from one quarter to another.

11 Complaints Related to Independent Intermediaries

Complaints against independent Intermediaries must be referred to the intermediary concerned, however, ENVI is responsible for ensuring the complaint is attended to and resolved to the satisfaction of all parties, if not that the complainant was advised of the available recourse, which allows the Complainant to escalate the Complaint to ENVI.

Where complaints are referred to the intermediary, the complainant must be appropriately informed of the process being followed and that ENVI will take reasonable steps to monitor the outcome of the complaint.

12 Referral to Ombudsman

A Complainant has a right in terms of the applicable law to refer to the Ombudsman for Long-Term Insurance (“OLTI”) a decision of the Arbitrator that did not meet their satisfaction on the complaint submitted to ENVI. The Complainant has a right to refer the complaint to either:

FAIS Ombudsman Details:

If any complaint concerning advice given or intermediary services rendered to you was not resolved to your satisfaction, you can contact the FAIS Ombudsman.

Postal Address: The Financial Services Board, Kasteel Park Office Park, Orange Building, 2nd Floor, 546 Jochemus Street, Erasmus Kloof, Pretoria, 0048

Telephone Number: +27 12 762 5000

E-mail address: info@faisombud.co.za

Ombudsman for Long-term Insurance:

Physical Address: 3rd Floor Sunclare Building, 21 Dreyer Street, Claremont, Cape Town, 7708

Telephone number: +27 21 657 5000

Customers are to be encouraged to lodge their Complaints with ENVI first before approaching the Ombudsman.

13 Ombudsman for Long-Term Insurance (OLTI)

Complaints received from the OLTI are sent to the Market Conduct Department for the attention of the CHO. The CHO will acknowledge receipt of the complaint within 24 hrs of receipt, thereafter, will establish if the allegation on the complaint emanates the wrongful action of ENVI's employee or of the independent intermediary of ENVI. If the OLTI Complaint is emanated from ENVI, the internal complaints handling process mentioned in paragraph 7 above, will be applied.

If the OLTI Complaint relates to the wrongful actions of an independent intermediary of ENVI, the CHO will communicate directly with the intermediary and request comprehensive information and related documentation in order to ensure that all relevant facts are properly considered in the resolution of the complaint. The CHO in consultation with the responsible persons per this document may elect to refer matters back to the independent intermediary and relevant Department within ENVI for further consideration in order to ensure that each matter is carefully considered before a response is submitted to the OLTI. Turnaround times for resolving complaints and the quality standards applied to OLTI complaints as provided by the OLTI must adhere to.

14 FAIS Ombudsman Complaints

A Complainant has a right to refer to the FAIS Ombudsman a decision by a Financial Services Provider (FSP) that is not to their satisfaction on a complaint submitted to ENVI. According to its mandate, the main objective of the FAIS Ombud is to investigate and resolve complaints in terms of the FAIS Act and the Rules

promulgated under the Act. The FAIS Ombud deals with complaints submitted to the Office by a specific client against an FSP. “Complaint” refers to a specific complaint relating to a financial service rendered by a financial services provider or a representative of such provider to the complainant. “Client” refers to a specific person or group of persons, excluding the general public, who is or may become the subject to whom a financial service is rendered intentionally, or is the successor in title of such person or the beneficiary of such service.

The complaints from the FAIS Ombudsman are attended to by the CHO together with the Compliance Officer. Within 24hrs of receipt, acknowledgement of receipt must be sent to the FAIS Ombudsman. The CHO will communicate with a Department that is affected by the complaint and request comprehensive information including related documentation in order to ensure that all relevant facts are properly considered in the resolution of the complaint. Turnaround times for resolving complaints and the quality standards applied to FAIS complaints as provided by the FAIS must adhere to.

15 Customer Communication and Feedback

Constance communication with customers must be kept when-

- 15.1 a complaint is received;
- 15.2 investigated; and
- 15.3 when a decision on a Complaint is made

Complainants are to be encouraged to give feedback on the manner in which their Complaint was handled by Envi Africa and such feedback must be analysed against the Treating Customers Fairly (TCF) Outcomes to ensure that the fairness outcomes that Envi Africa subscribes to are met. Customer Feedback will form part of Management Information that will be reported on at relevant Forums where TCF is a standing agenda item.

16 Reporting

The Market Conduct Department is responsible to report the following information internally and to the public as well as to the authorities:

- 16.1 number of complaints received;
- 16.2 number of complaints upheld;
- 16.3 number of rejected complaints and reasons for the rejection;

- 16.4 number of complaints escalated by complainants to the internal complaints escalation process;
- 16.5 number of complaints referred to an Ombud and their outcome;
- 16.6 number and amounts of compensation payments made;
- 16.7 number and amounts of goodwill payments made; and
- 16.8 a total number of complaints outstanding.

ENVI has appropriate processes in place to ensure compliance with any prescribed requirements for reporting complaints information to any relevant designated authority or the public as it may be required by the Registrar.