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L&A INSURANCE & FINANCIAL SERVICES

AUTHORISED FSP – LICENSE No. 9952

Complaints Management Policy

Last Updated:	12 May 2026
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Reviewed by:	Waseem Amien (KI, Commercial Manager)
Approved and signed off by:	Kader Amien (KI, CEO)
Next Review Date:	01 May 2027

PURPOSE

The purpose of this policy is to ensure that all client complaints are handled fairly, transparently, promptly, and in compliance with the Financial Advisory and Intermediary Services (FAIS) Act, the Policyholder Protection Rules (PPR), and Treating Customers Fairly (TCF) principles, which are outlined in our respective TCF policy document.

Treating Customers Fairly (TCF) Outcome 6 specifically indicates that *"Customers do not face unreasonable post-sale barriers imposed by firms to change a product, switch providers, submit a claim or lodge a complaint"*.

This document therefore provides a complaints procedure in conformance with legislative expectations and sets out the process that the FSP will follow in order to resolve the complaint.

The purpose is further to fully disclose the procedure by which clients are able to lodge disputes or complaints, the recourse that is available to them, the escalation channels that they may follow and the options that are available to them in the event that they are not satisfied with the outcome of any matter when dealing with the FSP.

This policy aims to:

- Protect the rights and interests of all clients and/or policyholders
- Inform clients on the procedure to lodge complaints and the resolution process
- Outline the methodology in which the brokerage assesses and resolves complaints
- Encourage continuous assessment and improvement of our service standards
- Ensure that all customers are treated fairly and provided solutions promptly with transparent communication and timeous feedback

OBJECTIVES

This Complaints Management Policy sets out the approach that Amien & Associates CC is taking to manage complaints in order to mitigate business and client risks and to achieve compliance with the FAIS Act and subordinate legislation. The FSP is committed to ensure that appropriate measures are in place to enable the FSP to investigate and resolve any complaints received with due regard to the fair treatment of customers.

This policy further aims to assist our staff to apply a consistent, high-quality, fair, and accountable response to complaints. All complaints will be treated in line with the overall regulatory requirements and Treating Customer Fairly outcomes.

SCOPE

This policy applies to:

- All employees, representatives, and key individuals affiliated with the FSP
- All products and services offered by the FSP
- All agents and sub agents contractually or legally partnered with the FSP
- All complaints received through any channel of communication, such as but not limited to email, phone, walk-in, social media, written correspondence, or via insurers or professional authorities such as the Ombud or any regulatory authority.

DEFINITIONS

- **Complaint:** Any expression of dissatisfaction by a person relating to a financial service, product, advice, or conduct of the brokerage or its representatives, which includes not only dissatisfaction with delivery or services rendered but also maladministration, negligence, unfair treatment, failure to act, failure to abide by agreement or uphold the law or any other material factor that leads to prejudice, harm, inconvenience, distress, loss or negative consequential impact.
- **Complainant:** A person who submits a complaint who is a client, policyholder, member, beneficiary, third party, a person that pays a premium or an investment amount in respect of a financial product or an authorised representative acting on the behalf of the aforementioned parties and who has a direct interest.
- **Reportable Complaint:** A complaint that alleges financial prejudice, misconduct, breach of law, or failure of service standards that must be reported to the relevant authorities if any breach is identified.
- **Resolved Complaint:** A complaint where the complainant has accepted the outcome in writing or verbally and the matter may be closed with finality.
- **Client Query**: A request to the provider or the provider's service supplier by or on behalf of a client, for information regarding the provider's financial products, financial services

or related processes, or to carry out a transaction or action in relation to any such product or service.

- **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 providers proposals to resolve the complaint.
- **Goodwill Payment:** 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.
- **Compensation Payment**: 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 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 any goodwill payment; payment contractually due to the complainant in terms of the financial product or financial service concerned; or 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 this description.

PRINCIPLES

In all areas concerning management of and dealing with client complaints and disputes, the FSP commits to adopting the following principles:

- **Fairness:** To treat every complainant with respect, impartiality and in accordance with the standards outlined in our TCF policy.
- **Transparency:** To provide clear explanations regarding any outcomes, in plain language, without jargon and to ensure the complainant has a full understanding of the outcome before any matter is brought to finality.
- **Confidentiality:** To at all times protect personal and financial information and to, where possible, safeguard the reputation of customers in the handling of disputes.
- **Accessibility:** To ensure that clients can lodge complaints easily, freely and without any barriers, where all relevant channels are available.
- **Responsiveness:** To resolve complaints within regulatory timeframes and without undue delays, and to respond to follow ups or queries from customers within a reasonable timeframe until such time that the complaint is finalised.
- **Continuous Improvement:** To use complaints and identified shortcomings to improve systems, processes, training, and service delivery.

PROCESS FOR CLIENTS TO LODGE COMPLAINTS

Clients may submit complaints or lodge disputes through any of the following channels:

- Email
- Telephonically through the office central landline or the available cell phone numbers of key individuals of the FSP
- In-person at the brokerage's office
- Written letter sent by post
- Insurer or regulatory authority
- Google Review

All channels are monitored daily and all written communication received from clients or complainants must elicit a written acknowledgement from the FSP within 24 hours.

***NB**: If a complaint is submitted telephonically or in-person, the FSP will follow up with an email confirmation to the client or complainant in writing within 24 hours, and thereafter the client or complainant must provide the requested information in writing through available channels as described in this policy in order for the review process to begin*.

The client must submit sufficient detail of the complaint, which includes:

- Name and surname
- Policy number
- ID number
- Contact details
- Postal address (if applicable)
- Financial Advisor
- Product Supplier
- **Product Type**: Short-Term Insurance – Commercial Lines and/or Personal Lines, Short-Term Insurance – Special Type Risks, Investment, Endowment, Employee Benefits, Disability, Medical Aid, Unit Trust, etc.
- **Complaint Category**: Product features and charges; Information Disclosures; Advice; Product performance; Client Services; Access; Changes or Switches; Complaints Handling; Claims; Conduct, or Other Complaints
- Brief detail of the complaint and/or circumstances that led to the complaint.

COMPLAINTS HANDLING PROCESS

Acknowledgement

- All complaints must be acknowledged **within 24 hours** of receipt.
- Acknowledgement must include:
    - Name and contact details of the complaints officer and/or relevant person of authority within the FSP to handle the complaint (e.g Managing Director).

      NB: *All complaints will only be handled by the senior managers and Key Individuals in the brokerage.*
    - The availability and contact details of the relevant Ombud services at all relevant stages of the relationship with a client, including at the start of the relationship and in relevant periodic communications.
    - The process that will be followed by the FSP in reviewing and handling the complaint.
    - Expected timelines where they can be reasonably given in which to investigate and provide feedback and/or resolve the dispute.
    - Required supporting documents or additional information (if any).
    - A reference number for the client or complainant.
    - All information provided to the client or complainant to be in plain language.

Assessment

The Key Individual or relevant person of authority must:

- Log the complaint in the Complaints Register.
- Categorise the complaint (e.g service, advice, admin error, product, conduct, etc.).
- Conduct a preliminary assessment of the complaint to determine severity and/or possible remedies and solutions if immediately available.
- Determine whether it is a reportable complaint or whether a notification should be sent to our Professional Indemnity insurers.
- Request additional information if needed.
- Where a third party is acting on behalf of a complainant, the FSP will ensure that such third party delivers a certified or original consent or power of attorney to act on behalf of a complainant, failing which:
    - no further dealings will be pursued with such a third party until the proper authority is obtained, however
    - the complaint will be taken up directly with the complainant on whose behalf the complaint is made

- Classify the complaint as either "Routine", "Serious" or "Urgent" depending on severity and attention and resources required to address the complaint. The differences between these complaint categories can be observed in the table below:

Routine	Serious	Urgent
Requires a response to client or complainant within 15 working days	Requires a response to client or complainant within 5 – 10 working days	Requires intervention of the CEO and/or Managing Director
Usually administrative in nature or due to dissatisfaction with service, with no immediate or severe impact on the client	Usually have caused inconvenience, prejudice or harm to the complainant due to lack of service, mishandling, error or negligence. May cause reputational harm for the FSP.	Usually has significant consequences for the FSP and/or complainant and may result in disciplinary action or severe consequences.
May escalate to serious or urgent complaints if ignored or mishandled by the FSP	May cause reputational harm for the FSP if not managed.	May have serious long lasting consequences for the FSP or client if not resolved.
Generally received directly from the client.	Generally received directly from the client or their appointed representative or legal advisor.	Generally received directly from the client, or their appointed representative or legal advisor, or a regulatory body such as the Ombud for Short-Term Insurance or the FSB.

- The complaint must also be assessed against TCF Outcomes:

TCF Outcome 1

Includes complaints:

- other complaints relating to management issues

TCF Outcome 2

Includes complaints:

- relating to the design of a product/service
- relating to product features and charges that affect this TCF outcome

TCF Outcome 3

Includes complaints:

- relating to unsuitable or inaccurate, misleading, confusing, or unclear information provided to a client throughout the life cycle of a product
- FSP to include the Conflict of Interest disclosures required by the FAIS General Code of Conduct (Code); Section 4 and 5 of the Code or any other disclosure requirements in terms of the Code or any other legislation in these disclosures

TCF Outcome 4

Includes complaints:

- relating to the advice given to a client by an Advisor which was misleading, inappropriate, and/or tainted with conflicts of interest which were not disclosed
- concerning inappropriate advice given as a result of lack of knowledge, skill, or experience on the part of the Advisor of the product/service being rendered
- regarding failure to conduct a Needs Analysis and to consider the clients' financial position, goals, or life stage

TCF Outcome 5

Includes complaints:

- about product performance and service-related issues
- relating to a client's disappointment with limitations in a product/service performance of which they were unaware
- relating to the inability of a product to meet a client's expectations
- related to a Product Supplier's exercise of a right to terminate a product or amend its terms

TCF Outcome 6

Includes complaints:

- relating to product accessibility, changes or switches
- relating to handling and complaints relating to claims

Investigation

- Analyse the root cause of the complaint to enable the complaint to be appropriately dealt with and avoid, if possible, its re-occurrence.
- Conduct a fair, objective, and evidence-based investigation that is free from bias.
- Engage relevant staff, insurers, or third parties to address the complaint.
- Review supporting documentation, correspondence, advice records, policy documents, claim documents, emails and any other relevant communication or facts that may assist in determining or influencing the outcome of the complaint.
- Request such additional information from the client where it is relevant, previously omitted or may influence the outcome of the dispute. Where necessary, meet with the client virtually or in-person to communicate openly and with transparency.
- Ensure that no conflict of interest or bias influences the outcome. In situations where the designed person feels compromised or unable to provide an objective assessment, the matter must be handed over to another key individual within the FSP or to an external arbitrator for assessment.
- Document all areas of interaction and communication and ensure accurate, efficient, and secure recording of complaints and complaints-related information
- Analyse how the complaint can be used to identify gaps, shortcomings and weaknesses in the FSP's process and systems.
- Capture all relevant details pertaining to the complain in the Complaints Register.

Resolution

- The FSP must provide a written response that includes:
    - Detailed findings presented in plain language.

    - Reasons for the any decision taken and the final outcome reached.
    - Proposed solutions or remedial action (if applicable).
    - The next steps or process that the client may follow if still dissatisfied.
    - No charges or fees to the client or complainant for utilising the processes and communication channels to lodge complaints.
    - Where a complaint is upheld, if there has been any commitment by the FSP to make a compensation payment, goodwill payment, or to take any other action ensure it is carried out without undue delay and within the agreed timeframes.
    - Where a complaint is rejected, the complainant must be provided with clear and adequate reasons for the decision and must be informed of any applicable escalation or review processes, including how to use them and any relevant time limits.
- Remedies may include but are not limited to:
    - A formal apology offered to the client in writing for any inconvenience or error.
    - The immediate correction of records where factual error has occurred.
    - Reprocessing of a transaction where failure or error has occurred.
    - Compensation whether this is in the form of settlement of a claim, a gesture of goodwill or refund of any undue premium or expense (where appropriate and approved by the relevant authorities of the FSP).
    - Disciplinary proceedings and/or mandatory training for any member of staff found guilty of misconduct or negligence that resulted in the complaint.
    - Any other relevant corrective action that may resolve the dispute with the complainant.

The Complaints Register must be updated to reflect the resolution and outcome.

Escalation

If the complainant is not satisfied with the outcome or with any member of staff, or if the matter has failed to reach resolution within 6 weeks of the complaint being lodged, they may escalate to the following person(s) or relevant authority:

- The CEO of the FSP (Kader Amien)
- The Managing Director of the FSP (Azhar Amien)
- The Commercial Head of Department of the FSP (Waseem Amien)
- The insurance company
- The Ombudsman for Short-Term Insurance (OSTI)
- The FAIS Ombud (for advice-related disputes)

Escalation rights and channels of communication must be clearly communicated in writing to all clients when handling a dispute and/or upon request.

Follow up and review

The FSP will:

- Diarise complaints to ensure it remains within the appropriate turnaround times.
- Keep complainant appropriately informed of the progress of their complaint,
- Keep complainant appropriately informed of causes of any delay in the finalisation of a complaint and revised timelines, should a complaint exceed the turnaround time due to unforeseen and reasonable circumstances.
- Keep complainant appropriately informed throughout the complaints process of the resolution being sought.
- Conduct a follow-up on the resolution of the complaint, to ascertain whether the client was satisfied with the complaints-handling process and the resolution sought and whether the resolution was proper and fair.
- Action any negative responses in the review of complaints.

Closure

A complaint is only to be considered closed when:

- The complainant **accepts** the final outcome OR
- The complainant **retracts** the complaint in writing OR
- All internal and/or external escalation avenues have been exhausted, and no further recourse is available to the complainant.
- Ensure complaints are scrutinised and analysed on an ongoing basis.
- Ensure complaints are utilised to manage conduct risks.
- Ensure complaints effect improved outcomes and processes for its clients.
- Update the Complaints Register and ensure information is captured correctly.
- Ensure compliance with any prescribed requirements for reporting complaints information to any relevant designated authority or the public as may be required by the Registrar.
- Close the matter.

Complaints Register

The brokerage will maintain a secure, up-to-date register of complaints capturing:

- Date complaint received
- Complainant details
- Nature and category of complaint
- Responsible staff member
- Actions taken
- Outcome
- Date complaint has been closed
- Whether the complaint is reportable to the FSCA

The register must be reviewed monthly by the designated Key Individual.

Ongoing Compliance

- Trends must be analysed to identify systemic issues or patterns of behaviour that need to be rectified to prevent future occurrences.
- Training must be provided to staff on complaint handling and TCF outcomes.

Roles & Responsibilities

Key Individual

- Oversees compliance
- Reviews escalated complaints
- Ensures corrective action is implemented

All Staff

- Must immediately forward complaints to the relevant Key Individual
- Must cooperate fully during investigations
- Must uphold TCF principles in all interactions

Record Keeping

All complaint records must be retained for **five years**, including:

- Correspondence (emails, text or Whatsapp messages etc.)
- Evidence and supporting documentation
- Investigation notes (drafted by any member of the FSP)
- Final outcomes
- Reports submitted to regulators (if applicable)

Records must be stored securely and confidentially.

Policy Review

This policy must be reviewed **annually** or sooner if:

- Regulatory changes occur
- The FSP changes internal processes
- Complaint trends indicate a need for revision or improvement

IMPORTANT CONTACT DETAILS

The FAIS Ombud

Postal Address	P.O. Box 41 Menlyn Park 0063
Telephone	012 762 5000 / 086 066 3274
E-mail	info@faisombud.co.za
Website	www.faisombud.co.za

The Pension Funds Adjudicator

Postal Address	P.O. Box 580 Menlyn 0063
Telephone	012 346 1738 / 012 748 4000
E-mail	enquiries@pfa.org.za
Website	www.pfa.org.za

The National Financial Ombud (NFO)

The National Financial Ombud Scheme South Africa (NFO Scheme) was recognized by the Ombud Council on March 1, 2024, as an industry ombud scheme in terms of Section 194 of the Financial Sector Regulation Act, 2017 (Act No. 9 of 2017) (FSR Act) and deals with complaints related to Credit, Banking Services, Life Insurance and Non-life Insurance complaints.

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