

ElevenFifty (Pty) Ltd

Registration number 2011/105666/07

FSP48416

("the Company")

Complaints management policy and procedure ("the Policy")

1. Policy approval and information

Policy owner	Board of directors			
Policy type	Governance			
Approver's signature				
Approved by (this version)	Garreth Montano			
Adopted by (this version)	Board of directors			
Approval date (this version)				
Approval date (1 st version)				
Version number	V01.03			
<u>Summary of policy history</u>				
<u>Version number</u>	<u>Drafted/adapted/reviewed by</u>	<u>Creation/review date</u>	<u>Approved by</u>	<u>Approval date</u>
V01.01	Gigi Vorlaufer: generic draft	April 2020	N/A	N/A
V01.02	Gigi Vorlaufer: updated for regulatory changes	July 2021	N/A	N/A
V01.03	Gigi Vorlaufer: adapted for Company	July 2022	Garreth Montano	1 July 2022

2. Purpose and scope

Complaints management is an integral part of Treating Customers Fairly (TCF), which forms part of the market conduct framework being implemented by the Financial Sector Conduct Authority (the Authority), being the market conduct regulator of the financial services industry in South Africa.

The TCF consumer protection framework (TCF framework) is applicable to all South African regulated financial institutions, including, but not limited to Authorised Financial Services Providers (FSPs), licensed under the Financial Advisory and Intermediary Services Act 37 of 2002 (the FAIS Act), retirement funds, and their administrators, licensed under the Pension Funds Act 24 of 1956 (the PFA), Insurers licensed under the Insurance Act 18 of 2017 (the IA), and managers of collective investment schemes, licensed under the Collective Investment Schemes Control Act 45 of 2002 (the Cisca), all through the Financial Sector Regulation Act 9 of 2017 (the FSRA). The FAIS Act requires FSPs to establish, maintain, and operate, an adequate, and effective, complaints management framework, to ensure the effective resolution of complaints, and the fair treatment of complainants.

TCF **Outcome 6** requires that clients should not face unreasonable **post-sale barriers** imposed by the Company, to change financial products, switch product suppliers, switch financial services providers, submit a claim, **or make a complaint**. The FSRA provides for complaints to be submitted to the relevant ombud, about the actions, or practices, of a specific financial institution, for the financial products and/or financial services offered by it. The draft Conduct of Financial Institutions Bill (the COFI Bill) provides for complaints, in detail, relating to the TCF framework. This inclusion in the COFI Bill follows the Authority's Complaints Management Discussion Document, which provided for a consistent, and comprehensive, regulatory framework to support delivery of the complaints aspect of Outcome 6, due to inconsistency across financial services laws.

The Company strives to apply the highest standards of ethical behaviour during the conduct of its business activities, and this behaviour is expected of all its employees and associates. The Company always aims to act in the best interest of clients, and in this regard, the Policy is intended to provide for the fair treatment of clients (including potential clients).

The Company is committed to the TCF outcomes, which are the results, or consequences, which clients should experience when fair business practice is consistently applied, and is embedding this culture into the business, by ensuring that:

- 2.1. **Outcome 1:** Clients can be confident they are dealing with a company where TCF is central to the **corporate culture**.
- 2.2. **Outcome 2: Financial products and services**, marketed and sold, are designed to meet the needs of identified client groups, and are targeted accordingly.

- 2.3. **Outcome 3:** Clients are provided with **clear information**, and are kept appropriately informed, before, during, and after, the point of sale.
- 2.4. **Outcome 4:** Where **financial advice** is given, it is suitable, and takes account of client circumstances.
- 2.5. **Outcome 5: Financial products perform** as the Company has led clients to expect, and **service** is of an acceptable standard, and is as clients have been led to expect.
- 2.6. **Outcome 6:** Clients do not face unreasonable **post-sale barriers** imposed by the Company, to change financial products, switch product suppliers, switch financial services providers, submit a claim, **or make a complaint**.

This policy establishes the complaints management framework of the Company. **The Company is a licensed financial services provider, and an accountable institution. The board recognises that the complaints management framework must be appropriate, and relevant, to the nature, scale, risks, and complexity, of the business. The complaints management framework is suitable for the Company, based on the nature, scale, risks, complexity, and small size, of the Company. It is appropriate for the business model, policies, services, and clients, of the Company. It enables complaints to be considered after taking reasonable steps to gather, and investigate, all relevant, and appropriate, information, and circumstances, with due regard to the fair treatment of complainants. It does not impose unreasonable barriers to complainants.**

The Company applies the TCF principles across its strategies, people, policies, processes, and systems, which are related to product development, marketing, sales, providing advice, communications, service, administration, and complaints management. The Company tries to ensure fair business practice, to consistently deliver fair outcomes for clients.

This policy provides controls, to reduce the probability of the below risks occurring:

- Clients may become dissatisfied and alienated, due to our failure to treat them fairly, and in accordance with what we have led those clients to believe.
- The reputation of the Company may be negatively impacted, due to non-compliance with the TCF principles.
- Failure to comply with the TCF principles may result in closer supervision by the Authority.
- Regulatory sanctions may be imposed by the Authority, due to failure to deliver on any of the TCF outcomes.

This Policy considers the complaints management aspect of the market conduct framework being implemented by the Authority. It also considers the principles embodied by the Companies Act 71 of 2008 and the King Code of Governance for South Africa 2009 (King IV).

This policy is applicable to all employees of the Company, its representatives, and its service suppliers.

This policy should be read together with the Company's treating clients fairly policy, and all other policies within the governance framework.

3. Definitions

- 3.1. **Company** means **ElevenFifty (Pty) Ltd**, being a South African registered financial institution, in terms of the FSRA.
- 3.2. **Authority, or FSCA**, means the Financial Sector Conduct Authority, being the market conduct regulator.
- 3.3. **FSRA** means the Financial Sector Regulation Act 9 of 2017.
- 3.4. **COFI Bill** means the draft Conduct of Financial Institutions Bill, which will provide for the establishment of a consolidated, comprehensive, and consistent, regulatory framework for the conduct of financial institutions.
- 3.5. **Complainant** means a person who submits a complaint, including a:
 - financial client, financial client's successor in title, or potential financial client (as may be applicable)
 - beneficiary, or the beneficiary's successor in title
 - person whose life is insured under an insurance policy
 - person that pays any contribution, or money, in respect of a financial product, or financial service
 - member, member spouse, or potential member (as may be applicable), of a pension fund, insurance group scheme, or other type of member-based product, or schemewho has a direct interest in the agreement, financial product, or financial service, to which the complaint relates, or a person acting on behalf of one of these persons.

- 3.6. Complaint** means an expression of dissatisfaction, by a person, to a financial institution, or to the financial institution's service provider, about a financial product, or financial service, provided, or offered, by the financial institution, which indicates, or alleges, regardless of whether the expression of dissatisfaction is submitted together with, or in relation to, a query by a financial client, expressing that:
- the financial institution, 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 financial institution, or to which it subscribes
 - the financial institution's, or its service provider's, mal-administration, or wilful, or negligent, action, or failure to act, has caused the person harm, prejudice, distress, or substantial inconvenience
 - the financial institution, or its service provider, has treated the person unfairly.
- 3.7. Complaints management** means managing the lifecycle of a complaint. It starts with an easy process for the client to lodge complaints and the related communication.
- Complaints management includes the way:
 - complaints are handled, recorded, and quality controlled;
 - people involved in complaints management processes are managed and trained;
 - decisions are made;
 - clients' trust is restored;
 - reports are compiled and analysed;
 - the Company learns from the feedback gained from complaints, and takes appropriate corrective and proactive action.
- 3.8. Complaints management head** means the person responsible for implementing, and maintaining, complaints management, in accordance with the TCF standards, within the Company.
- 3.9. Complaints handling** means the process of attending to complaints and complainants.
- 3.10. Reportable complaint** means a complaint, other than a complaint that has been:
- upheld immediately by the person who initially received the complaint
 - upheld within the Company's normal processes for handling client queries about the type of financial product, or financial service, complained about, **if the process does not take more than 5 business days to complete**, from the date the complaint is received
 - submitted to, or brought to the attention of, the Company, in a way that the Company does not have a reasonable opportunity to record the details of the complaint, which details are required for reportable complaints.
- 3.11. Upheld complaint** means a complaint that has been finalised in a way where the complainant has explicitly accepted that the complaint is fully resolved, or that it is reasonable for the Company to assume that the complainant has accepted that the complaint is fully resolved. A complaint should only be regarded as upheld once all undertakings made by the Company, to resolve the complaint, have been met within a time acceptable to the complainant.
- 3.12. Rejected complaint** means that the complaint is not an upheld complaint, and the Company regards the complaint as finalised, after advising the complainant that it does not intend to take any further action to resolve the complaint. This may happen, either where the Company rejects a complaint without offering to take steps to resolve it, because the Company regards the complaint as being unjustified, or invalid, or where the complainant does not accept, or respond to, the Company's proposals to resolve the complaint, and the Company then advises the complainant that it does not intend to take any further action to attempt to resolve the complaint.
- 3.13. Root cause analysis** means the process by which the origin, and cause, of a trend in complaints, or an isolated complaint, is determined, to identify what needs to be improved, to prevent recurrences of poor outcomes for clients and errors.
- 3.14. Compensation payment** means a payment, whether in monetary form, or in the form of a benefit, or service, by, or on behalf of, the Company, to a complainant, to compensate the complainant for a proven, or estimated, financial loss incurred, due to the Company's contravention, non-compliance, action, failure to act, or unfair treatment, forming the basis of the complaint, where the Company accepts liability for having caused the financial loss concerned.
- A compensation payment:
 - excludes a goodwill payment
 - excludes payments that are contractually due to the complainant, in terms of the financial product, or financial service

- excludes refunds of amounts paid by, or on behalf of, the complainant to the Company, where the payments were not contractually due
- includes interest on the late payment of the above-mentioned excluded payments, or refunds.

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

3.16. Member, for a complainant, means a member of:

- pension fund, as defined in section 1(1) of the Pension Funds Act 52 of 1956
- friendly society, as defined in section 1(1) of the Friendly Societies Act 25 of 1956
- medical scheme, as defined in section 1(1) of the Medical Schemes Act 131 of 1998
- group scheme, as contemplated in the Policyholder Protection Rules made under section 62 of the Long-term Insurance Act 52 of 1998, and section 55 of the Short-term Insurance Act 53 of 1998.

3.17. Query means a request to the Company, or the Company's service supplier, by, or on behalf of, a client, for information about the Company's financial products, financial services, or related processes, or to carry out a transaction, or action, for a financial product, or financial service.

4. Roles and responsibilities

4.1. Board of directors (board) maintains overall responsibility for the Policy, which may be delegated to the relevant stakeholders for implementation. It is responsible for drafting, implementing, approving, and adopting, this Policy. It must ensure that all employees, and associates, are aware of the Policy, and understand the contents thereof, and provide training, and awareness, to facilitate this. The board may delegate the implementation thereof to line management. The board is responsible for effective complaints management, and must approve, and oversee, the effectiveness of the implementation of the Company's complaints management framework.

4.2. Governance structures that are **appropriate to the size of the Company**, must be in place, to ensure compliance with this Policy. **When appropriate to the size, nature, scale, risks and/or complexity, of the Company, the Company will adopt** a combined assurance governance model ("three lines of defence model"). The board, or board committees, must assess the effectiveness of the relevant control functions, and assess whether the resources are adequate. The board may establish an audit and risk committee, which is a board committee, and is established to oversee governance matters. The committee plays an important role in the overall governance framework, because it monitors governance at the highest level. The head of the control functions typically have a reporting line to the committee. The audit and risk committee performs a key role to ensure the accountability, and transparency, of the Company. As an independent body, its function is to ensure the integrity of financial controls, and financial risk management, and reporting to shareholders, and other stakeholders.

4.3. Internal audit, when appropriate to the size, nature, scale, risks and/or complexity, of the Company, in its capacity as the third line of defence, provide assurance over this Policy, by providing an independent assessment of the adequacy and effectiveness of the overall risk management framework and risk governance structures, through the annual risk-based audit plan. Internal audit has the authority to independently determine the scope and extent of work to be performed, as mandated by the audit and risk committee.

4.4. Compliance function and compliance officers must monitor compliance with this Policy, and report non-compliance to the board, and the governance structures. They must provide guidance, and training, to employees, to assist them in understanding the Policy, and their obligations thereto.

4.5. Employees must ensure that they understand this Policy, and always comply with it. They must continuously assess their own environment, to ensure the fair treatment of clients, and take the appropriate course of action, in terms of the Policy. Employees must be cognisant of the consequences of non-compliance with the Policy.

5. Outcome 6: post-sale barriers to make a complaint

5.1. The Company aims to ensure that its clients do not face unreasonable post-sale barriers to make a complaint.

- 5.2.** Procedures implemented to achieve the complaints management aspect of Outcome 6:
- Clients are informed about how to make complaints.
 - The Company aims to give clients efficient, and effective, complaints management, which resolves their complaints about the financial products and/or financial services, offered by the Company, in a fair and timely way.
 - The Company has implemented systems to monitor complaints, and has processes in place to pro-actively identify, and manage, conduct risks, effect improved client outcomes, and prevent recurrences of poor outcomes and errors.
 - The complaints management policy and procedure is easy for clients to find on the website, and all material reflects where clients can find the complaints management policy and procedure.

6. Understanding a complaint

- 6.1.** A complaint does not need to be in writing, to be classified as a complaint. It may be made verbally.
- 6.2.** Even though certain financial services legislation specifies that complaints must be in writing, verbal complaints may, and should, be accepted. In terms of the TCF principles, it should be made easy for clients to complain. The TCF framework is overarching across financial services legislation, and once promulgated, the COFI Bill will align all financial services legislation with the TCF principles.
- 6.3.** If a complaint is submitted together with a query, it must be treated as a complaint, not as a query.
- 6.4.** A complaint is a complaint, regardless whether the complainant is right, or fair.
- 6.5.** Complaints from all complainants, as defined in this policy, are valid, and are treated as complaints.
- 6.6.** Clients generally complain when they, or someone they are acting on behalf of, has suffered inconvenience, distress, prejudice, or financial loss, etc.

7. Complaints management framework

- 7.1.** The Company's complaints management aims to:
- have good quality standards in complaints handling
 - have ongoing quality assurance
 - manage the complaints handling
 - provide meaningful management information
 - make continuous improvement, based on complaints feedback
 - openly engage with ombuds
 - preserve clients' trust, regarding complaints.
- 7.2.** Quality standards in complaints handling
- Accessibility and visibility
 - To make it easy for clients to lodge complaints, we make the procedures visible to clients on all key documents provided to clients, and on the Company's website.
 - As far as possible, we provide a single contact point for submitting complaints.
 - We ensure that the key documents show the relevant complaints contact details.
 - We manage operations, and employees, to ensure that we are accessible during office hours, via the complaints contact details provided to clients.
 - Employees are trained, accordingly.
 - Employee responsiveness
 - Employees who are directly involved with complaints handling must demonstrate an empathetic attitude towards complainants.
 - Employees receive training, and are monitored on the way they attend to each complaint, with the necessary urgency, and due empathy, and care, for the complainant's situation.
 - Employee competence and knowledge
 - To ensure efficient complaints handling, the responsibility for handling specific complaints must be delegated to employees who are suitably trained, and who have appropriate experience, knowledge, and skill, in complaints handling, in the specific complaint's subject matter, in the TCF principles, and in relevant regulatory provisions.
 - Employees who are directly involved in complaints handling receive training, from time to time, to keep their financial product and process knowledge updated.
 - Employees that have a full-time focus on complaints handling, are assessed, and performance-managed, to ensure competence in their complaints handling abilities.

- Quality of investigation
 - Complaints may require investigation.
 - If investigation is required, we take reasonable steps to gather, and investigate, the relevant information, and circumstances, considering the TCF principles.
 - We keep notes, to show the extent of the investigation, which can be provided as evidence of fairness to complainants.
 - Our quality assurance processes monitor the quality of our investigations, to ensure that we are not biased, in our favour, when investigating a complaint.
- Resolution speed
 - Our quality standards recognise that speed is significantly important in resolving complaints.
 - We aim to resolve all complaints in the shortest reasonable time possible, ideally within 5 business days after receiving the complaint, or less, where it is in our power to do so.
 - Turnaround times will be monitored, to ensure resolution within regulatory deadlines.
- Consistent and objective decision-making
 - Employees are trained, to ensure that two complainants with the same concerns and circumstances, receive the same outcome, even if one complainant shouts and threatens, but the other complainant does not.
 - Records of executive decisions for escalated complaints are maintained, to keep record of precedence, and ensure consistency.
 - The Company's structure ensures that employees who are responsible for complaints-related decision-making, are not conflicted, and are empowered to make objective decisions, or recommendations.
 - Employees involved in escalated complaints, are provided with additional training about objective decision-making.
- Independent review
 - If a complainant wants to escalate, or appeal against, a decision already made through the normal complaints handling process, we will refer the complaint to the board, for an impartial reconsideration of the complaint, within strict turnaround times, before escalation to the relevant ombud.
- Compensation and goodwill payments
 - If a complainant suffers financial distress, due to our internal control failures, we will consider an appropriate compensation payment, considering factors such joint liability.
 - If a complainant suffers any other form of distress, due to our internal control failures, we will consider reconciliatory redress, in the form of a goodwill payment, depending on the circumstances.
- Confidentiality of complainant information
 - As far as possible, we maintain the confidentiality of our complainants' personal information, and comply with the relevant legislation.
- Accurate record keeping
 - We must record complaints accurately, efficiently, and securely.
 - Complaints records must be correctly categorised, according to the category of the complaint, and the TCF outcomes.
 - Complaints records must include at least:
 - categorisation of complaints (according to the minimum requirements)
 - date of receipt
 - date of resolution
 - details of the complainant
 - complaint subject matter
 - progress, and status, of the complaint (including whether the progress is within, or outside of, the set timelines)
 - copies of evidence, correspondence, and decisions
 - In addition to the complaints records that must be kept, for reportable complaints, the Company must always maintain data, categorised according to the minimum requirements, which must include at least:
 - number of complaints received
 - number of complaints upheld
 - number of rejected complaints, and reasons for the rejection
 - number of complaints escalated by complainants to the internal complaints escalation process
 - number of complaints referred to an ombud, and their outcome
 - number, and amounts, of compensation payments made
 - number, and amounts, of goodwill payments made
 - total number of complaints outstanding

- Monitoring, quality assurance, training, and performance management, is provided.
- The Company has created, and will maintain, a complaints' register, which will be used for analysis, record keeping, and reporting.
- Communication
 - We communicate clearly with complainants about how they can lodge a complaint, and how their complaint will be handled.
 - When complaints are received, and during the investigation of a complaint, where applicable, we communicate in a clear and timely way.
 - We aim to communicate appropriately after the complaint has been resolved, to monitor complainant satisfaction levels, to ensure that we are treating clients fairly.

7.3. Quality assurance

- We aim to ensure that there is an appropriate level of quality assurance in place, to monitor the way complainants are treated during the complaints handling process, the way internal processes are adhered to, and to identify internal controls requiring improvement.
- Management information about the quality assurance of the complaints handling process, will be provided.

7.4. Managing the complaints handling

- The head of the Company has formally appointed **Jonathan Walker** as the **complaints management head**, who is the person responsible for implementing, and maintaining, complaints management, in accordance with the TCF standards, within the Company.
- The complaints management head must ensure that the daily volumes of complaints are attended to in a timely way, and that no complaints are outstanding for unacceptable time periods. This requires appropriate recruitment, training, testing, incentivisation, and performance management, of employees with appropriate experience, knowledge, and skill, in complaints handling.
- The complaints management head must ensure that the standards provided for in this policy, are adhered to.
- The complaints management head must ensure that incentives in place for employees who handle complaints, are appropriately aligned to the TCF principles, and which should not reward behaviour that runs contrary to any of the TCF outcomes.
- The complaints management head is accountable for resolving complaints, except where the law requires otherwise. Contentious matters, requiring executive decision-making, must be escalated to the board.
- The complaints management head is responsible for specifying, reviewing, and analysing, complaints handling related reports, and management information.
- The complaints management head is responsible for creating, and maintaining, the complaints register.
- **The complaints management head must ensure that all reportable complaints (which includes complaints that take longer than 5 business days to resolve), are reported to the relevant Authority, in the prescribed way.**

7.5. Management information

- Proper complaints records must be kept, for useful management information reports to be created and analysed.
- Useful complaints management information reports will be created, and implemented, as may become necessary.
- Reports are used to analyse complaints in relation to other data.
- The nature, and quality, of management information is important to monitor, and ensure that the Company adheres to the TCF outcomes.
- Complaints should be analysed to:
 - identify root causes common to categories of complaints
 - identify where root causes are likely to affect other financial products, or processes
 - identify failed internal controls
 - identify poor performance, lack of skills, or misconduct
 - track adherence to the TCF outcomes
 - track the risks to delivering the TCF outcomes
 - demonstrate the benefits of effective complaints management, by learning from complaints analysis, to make continuous improvement for clients, and the Company.
- Reports should be scrutinised and analysed, to identify trends in internal control failures, and the potential for systemic issues. Specific emphasis must be placed on root cause analysis.

- Reports should be reviewed regularly, including to look for incidents where complainants may be highlighting a systemic issue that is affecting a wider group of clients.
- The volume of complaints must be tracked, and known, as well as progress status, at any time point.
- Complaint numbers about the following aspects, should be tracked, and compared over time periods: aging; resolved in favour of the complainant; rejected; escalated; referred to ombuds; resulting in litigation; resulting in compensation payments and/or goodwill payments.
- Reports required by the Authorities, must be compiled, and submitted, in the prescribed way, and within the prescribed deadlines.
- Reports must be compiled, and submitted to the board, as requested, from time to time.
- The Company has created, and will maintain, a complaints register, which will be used for analysis, record keeping, and reporting.

7.6. Continuous improvement

- The Company aims to learn from complaints received, and to continuously improve.
- The complaints management head is responsible for providing meaningful reports to the board, and to affected areas of the Company, based on the analysis of complaints trends and root causes.
- The complaints management head must escalate to the board, in instances where affected areas of the Company have failed to rectify underlying issues, for whatever reason.
- Appropriate management information must be maintained, about the number, and nature, of issues taken up with affected areas of the Company, to rectify underlying issues.
- Root causes that are not rectified within a specified period, must be reported to the board, because failing to rectify the root cause may be unfair to clients.

7.7. Engaging with ombuds

- We clearly, and transparently, advise clients and complainants about the availability, and provide contact details, of the relevant ombuds, including at the point of sale, relevant periodic communications, when a complaint is received, and when a complaint is rejected.
- We apply the principle that complaints will only be dealt with by the relevant ombud after our internal remedies to deal with complaints have been exhausted.
- The Company is committed to communicating openly, and honestly, and cooperating with, the relevant ombuds, to resolve complaints.
- The Company must maintain specific records, and perform specific analyses, of complaints referred to the relevant ombud, and the outcomes of the complaints.
- Complaints received via an ombud are handled according to the requirements specified by the relevant ombud.

7.8. Preserving clients' trust

- The board must take appropriate action, it is found that complaints point to a broader issue, or to a wider population of affected clients, even if they do not complain.
- Post-complaint follow-up communication should be performed, to monitor client satisfaction levels.

8. Categories of complaints

8.1. The categories of reportable complaints must include at least:

- Complaints about the design of a financial product, financial service, or related service, including the fees, premiums, or other charges, related to that financial product, or financial service
- Complaints about the information provided to clients
- Complaints about the financial advice provided
- Complaints about performance of a financial product, or performance of a financial service
- Complaints about a service provided to clients, including complaints about a premium, or investment contribution, collection, or lapsing of a financial product
- Complaints about financial product accessibility, changes, or switches, including complaints about redemptions of investments
- Complaints about complaints handling
- Complaints about insurance risk claims, including non-payment of claims
- Other complaints

8.2. Based on its business model, policies, services, and clients, the Company has identified additional categories of complaints, and has identified sub-categories of complaints.

- **The categories, and sub-categories, of complaints, are detailed in the complaints register, and are summarised in Appendix D of this Policy.**

9. Reporting of complaints

- 9.1. The complaints management head must ensure that all reportable complaints (which includes complaints that take longer than 5 business days to resolve), are reported to the relevant Authority, in the prescribed way.**
- 9.2.** Reportable complaints must be reported to the Authorities in the prescribed way.
- 9.3.** The Company must have appropriate processes in place, to ensure that complaints are reported in the correct way, including the prescribed information, and within the prescribed timeframe.
- The Authorities have not yet prescribed the way, and timeframe, for FSPs to report reportable complaints.
 - Complaints were previously reported by FSPs via the FAIS compliance reports. However, those reports have been discontinued, and are expected to be replaced by FAIS conduct of business reports.
 - Insurers report reportable complaints via the insurance conduct of business reports.
- 9.4.** Reportable complaints must be recorded, and reported, by identifying the category of complaint that is most suitable to the complaint, and the report must group complaints according to the category of complaints.

10. Consequences of non-compliance with the policy

- 10.1.** All employees are obliged to comply with the Policy, and it is a condition of employment. Non-compliance is a breach of their employment contract, and is an action of misconduct, so employees may be subject to disciplinary action, which may lead to dismissal. Non-compliance by an employee will be dealt with according to the Company's disciplinary policy. For assessing, and addressing, the non-compliance, reports made by the compliance officers, internal audit, external audit, and the Authorities, will be considered, for appropriate action to be taken.

11. Policy review

- 11.1.** The policy will be reviewed annually, updated, if necessary, and the latest version will be adopted, and approved by the board.

APPENDIX A CLIENT COMPLAINT LODGING PROCEDURE

Are you unhappy with our service, or financial products?

If YES, please tell us. We appreciate your feedback, we take your complaints seriously, and commit to attend to them as quickly as possible.

What to do if you are unhappy with our service, or financial products

Please let us know, as soon as possible, in one of the following ways:

Email: info@11fifty.ai

Call during office hours: +27 82 062 6300

Visit: 48 7th Avenue, Parktown North, Johannesburg, Gauteng, South Africa, 2193

Fax: N/A

Post: 48 7th Avenue, Parktown North, Johannesburg, Gauteng, South Africa, 2193

What to include in your complaint

To assist us to address your complaint as quickly as possible, please include all the relevant information. Please include:

- Your full name, identity number, and contact details
- Your account number, client number, member number, or policy number
- Name of financial product, of fund
- Details about your complaint
- Who you have dealt with, and when you dealt with them
- Any losses you have suffered, due to this issue
- What you would like us to do, to make things right for you
- Your permission for us to use all the information you have given us, to resolve your complaint

What we will do to assist you

- We will attend to your complaint as quickly, and as fairly, as possible.
- If we find that it is not a simple issue, we will keep you updated while we work on it.
- Within 1 business day of receiving your complaint, we will acknowledge receipt, and let you know who will be dealing with it.
- If we cannot resolve your complaint immediately, we will do our best to resolve it within 5 business days, and provide you with written feedback.
- Some complaints may be complex, and involve many issues. In these cases, we will not be able to resolve the matter within 5 business days, but we will resolve it within the relevant legislative timeframe (which is generally about 30 business days). We will keep you updated regularly, and we will let you know exactly who is taking ownership of your complaint, and who will follow it through to completion.
- After we do everything we can, to properly investigate your complaint, and fairly assess the issue, we will send you a final report on the matter.

What to do if you are unhappy with the way we dealt with your complaint

If you feel we have been unreasonable, or unfair, in any way, you may escalate your concern.

You may ask the person who was handling your complaint to get a board member to review your complaint, before you decide to take the matter up with the relevant ombud (or adjudicator, or Authority, as the case may be).

After escalation, if you are still unhappy with the way your complaint has been handled, despite our best efforts, you may take the matter up with the relevant ombud, which are independent bodies that have been set up to sort out complaints between clients and financial institutions that have not been able to resolve complaints effectively between themselves.

For complaints about financial advice and/or financial products, you should contact the financial services providers ombud:

Tel: +27 (0) 12 470 9080

Fax: +27 (0) 12 348 3447

Postal address: P. O. Box 74571, Lynnwood Ridge, 0040

Physical address: Sussex Office Park, Ground Floor, Block B, 473 Lynnwood Road, Cnr Lynnwood Road & Sussex Avenue, Lynnwood, 0081

Email: info@faisombud.co.za

Website: www.faisombud.co.za

For complaints about unit trusts (collective investment schemes), you should contact the Authority (Financial Sector Conduct Authority):

Tel: +27 (0) 12 428 8017

Postal address: P. O. Box 35655, Menlo Park, 0102

Physical address: Riverwalk Office Park, Block B, 41 Matroosberg Rd, Ashlea Gardens Ext 6, Menlo Park, Pretoria, 0081

Email: CIS.complaints@fsca.co.za

Website: www.fsca.co.za

For complaints about retirement funds, you should contact the Pension Fund Adjudicator:

Tel: +27 (0) 12 346 1738

Fax: +27 (0) 86 693 7472

Postal address: P. O. Box 580, Menlyn, 0063

Physical address: Riverwalk Office Park, Block A, 41 Matroosberg Rd, Ashlea Gardens Ext 6, Menlo Park, Pretoria, 0081

Email: enquiries@pfa.org.za

Website: www.pfa.org.za

For complaints about long-term insurance policies, you should contact the long-term insurance ombud:

Tel: +27 (0) 21 657 5000

Fax: +27 (0) 21 674 0951

Postal address: Private Bag X45, Claremont, Cape Town, 7735

Physical address: 3rd floor, Sunclare Building, 21 Dreyer Street, Claremont, Cape Town, 7700

Email: info@ombud.co.za

Website: www.ombud.co.za

For complaints about short-term insurance policies, you should contact the short-term insurance ombud:

Tel: +27 (0) 11 726 8900

Fax: +27 (0) 11 726 5501

Postal address: P. O. Box 32334, Braamfontein, 2017

Physical address: 5th floor, Building D, Sunnyside Office Park, 32 Princess of Wales Terrace, Parktown

Email: info@osti.co.za

Website: www.osti.co.za

APPENDIX B COMPLAINT HANDLING PROCEDURE

The internal process of attending to complaints and complainants is detailed below.

- Employees handling complaints must adhere to the quality standards in complaints handling, detailed in the policy.
- Day 1
 - Receive the complaint
 - Acknowledge the complaint (**maximum 2 business days after receiving the complaint**)
 - In some cases, the turnaround time from time of receipt to time of acknowledgement is minutes. In other cases, the maximum turnaround time is 2 business days.
 - Acknowledgement must be made in writing, if the complaint is made in writing (for example, post, email, website).
 - **Use the template acknowledgement of complaint letter.**
 - Log the complaint in the complaints register (or complaints management system)
 - Log the initial details of the complaint.
 - Logging of complaints is compulsory.
 - Logging of complaints includes adding to an existing complaint that has been escalated).
 - Delegate the complaint handling
 - Delegate the complaint handling to an employee who is suitably trained, and who has appropriate experience, knowledge, and skill, in complaints handling, in the specific complaint's subject matter, in the TCF principles, and in relevant regulatory provisions.
 - Start the investigation (**maximum 4 hours after acknowledging the complaint**)
 - Make notes in the complaints register (or complaints management system), and ensure that all correspondence is tracked.
- Day 3
 - Give 1st progress update (**maximum 2 business days after starting the investigation**), **OR end the investigation**
 - Make notes in the complaints register (or complaints management system), and ensure that all correspondence is tracked.
- Day 5
 - Give 2nd progress update (**maximum 2 business days after giving 1st progress update**), **OR end the investigation**
 - Make notes in the complaints register (or complaints management system), and ensure that all correspondence is tracked.
 - Generally, we must give progress updates every 2 business days. However, this may vary, depending on the nature of the complaint, the source of the complaint, and the feedback commitments made to the complainant. It is important to stick to progress update dates agreed to with the complainant.
- End the investigation (**ideally within 5 business days after receiving the complaint, but by no later than relevant regulatory deadlines**)
 - The turnaround time from starting the investigation to ending the investigation depends on the complexity of the issue, and the amount of time it takes to investigate the issue.
- Provide final report to the complainant (**maximum 4 hours after ending the investigation**)
 - Whether a final report is verbal, or in writing, will depend on how the complaint was lodged, on the complexity of the complaint, and on any regulatory obligations.
 - **Use the template response to complaint letter.**
- Finalising administration (**maximum 4 hours after providing the final report**)
 - Complaints information must be finalised in the complaints register (or complaints management system).
- Reporting to Authority
 - **All reportable complaints (which includes complaints that take longer than 5 business days to resolve), must be reported to the relevant Authority, in the prescribed way.**

APPENDIX C ROOT CAUSE ANALYSIS PROCEDURE

The Authority requires root cause analysis to be done on clusters of complaints. It does not expect root cause analysis to be done on every single complaint, although it does require the reason (nature) of every single complaint to be logged. The Authority requires the Company to demonstrate what has been done to fix the root cause of the issue, and to demonstrate how the impact of that corrective action has been monitored.

- Complaints analysis should identify root causes common to the categories of complaints, and instances where the root causes are likely to affect other clients, financial products, or processes.
- The complaints register (or complaints management system) must provide for complaints to be categorised, trends to be identified, and to perform root cause analysis.
- Consolidating complaints is important, to perform meaningful root cause analyses.
- We must determine the main reason(s) for complaints, to pro-actively identify trends, and take corrective action relating to a financial product, a process, a specific employee, and/or a type of complaint, or in relation to the complaints management process itself.
- We must perform root cause analysis, to effectively address the root cause of complaints, and to take preventative steps to avoid the same type of complaints from recurring.
- It is unacceptable to address complaints on a reactive case-by-case basis.
- Gather the facts
- Understand what happened
- Determine the root cause, including allocating a category and sub-category
- Determine the probability and impact of the root cause occurring
- Determine corrective action, including responsible employees, and deadline dates
- Report and follow-up on corrective action
- Implement corrective action
- Evaluate effectiveness of corrective action

Root cause category	Root cause sub-category
Human factors	Lack of knowledge, or skill
	Incorrect, or insufficient advice
	Lack of communication
	Lack of management involvement
	Proper legal advice not obtained
	Internal fraud
	External fraud
	Oversight
Rules/policies/procedures	Inadequate procedures/poor control within business
	Practice digresses from laid down procedures
	Not keeping timelines – late, or no, action
	Employees not properly reading/checking before actioning
	Client expectation not clarified in writing, or outside SLA
Information management	Incorrect translation of rules into administration processes
	Lacking training, or education
	Data extraction error, or manipulation

APPENDIX D CATEGORIES AND SUB-CATEGORIES OF COMPLAINTS

Categories of complaints, and reasons for complaints		
Category		Mapped to TCF Outcome
Someone is dissatisfied with...		
Sub-category		
Dissatisfaction relates more specifically to...		
1	Claims-claims include insurance and pension risk claims	6c
1	Claims-too slow/unhappy with delay	6c
1	Claims-not paid	6c
1	Claims-not fully paid (e.g. short-term insurance claim)	6c
1	Claims-unhappy with amount paid (e.g. pension fund payout)	6c
1	Claims-unhappy with interest paid	6c
1	Claims-poor communication regarding processes, or decisions	6c
1	Claims-procedure to claim too complicated, or difficult	6c
1	Claims-error(s) in processing	6c
1	Claims-unhappy with extent of workmanship associated with claim	6c
1	Claims-unhappy with claims assessor report	6c
2	Service quality-too slow	5b
2	Service quality-passed from pillar to post	5b
2	Service quality-waiting too long to get through on the phone	5b
2	Service quality-error(s)	5b
2	Service quality-not fulfilling promises/SLA not met	5b
2	Service quality-disappointed with service limitations	5b
2	Service quality-technology not user friendly/not working	5b
2	Service quality-unhappy with training provided, or not provided	5b
2	Service quality-poor quality workmanship	5b
2	Service quality-someone lacked financial product knowledge	5b
3	Service attitude-rude	5b
3	Service attitude-apatetic/uncaring	5b
3	Service attitude-not listening	5b
3	Service attitude-incompetent/job not done	5b
3	Service attitude-lack of ownership	5b
3	Service attitude-someone not getting back to client	5b
3	Service attitude-unable to get hold of someone	5b
3	Service attitude-someone refusing to meet request	5b
3	Service attitude-someone too slow	5b
3	Service attitude-client suspects that there is fraud	5b
4	Administration quality/procedures-inaccurate/incorrect	5b
4	Administration quality/procedures-too slow	5b
4	Administration quality/procedures-not actioned/failure to follow procedure	5b
4	Administration quality/procedures-not actioned on time	5b
4	Administration quality/procedures-failure to follow instruction	5b
4	Administration quality/procedures-not refunded, or not fully refunded	6a
4	Administration quality/procedures-too complicated/too much red tape	6a
4	Administration quality/procedures-incomplete	5b
4	Administration quality/procedures-shoddy work	5b
4	Administration quality/procedures-unhappy with process change	5b
4	Administration quality/procedures-contravention of legislation	5b
4	Administration quality/procedures-suspected internal fraud	5b
4	Administration quality/procedures-tax directive declined	5a
5	Communication (written)-inadequately highlighting important issue	3
5	Communication (written)-inaccurate/incomplete	3
5	Communication (written)-misleading	3
5	Communication (written)-confusing/unclear	3
5	Communication (written)-unsuitable for this client	3
5	Communication (written)-not provided	3

5	Communication (written)-provided too late	3
5	Communication (written)-not received	3
5	Communication (written)-difficult/too much to read	3
5	Communication (written)-poor quality	5b
5	Communication (written)-inappropriately worded	3
5	Communication (written)-not properly informed of matters affecting financial product	5a
6	Communication (verbal)-rude	5b
6	Communication (verbal)-inaccurate/incorrect	3
6	Communication (verbal)-misleading	3
6	Communication (verbal)-incomplete	3
6	Communication (verbal)-confusing/difficult to understand	3
6	Communication (verbal)-unsuitable for this client	3
6	Communication (verbal)-not provided	3
6	Communication (verbal)-provided too late	3
6	Communication (verbal)-not received	3
7	Financial product accessibility, or changes-limited access to funds	6a
7	Financial product accessibility, or changes-unhappy with admin hurdles to access funds	6a
7	Financial product accessibility, or changes-unable to transfer or switch to another provider	6a
7	Financial product accessibility, or changes-unable to make desired changes to product or service	6a
7	Financial product accessibility, or changes-unhappy with penalties	6a
7	Financial product accessibility, or changes-unhappy with termination charges	6a
7	Financial product accessibility, or changes-unhappy with length of notice periods	6a
7	Financial product accessibility, or changes-process too complicated/too much red tape	6a
8	Financial product design, or price-unsuitable for this client	2
8	Financial product design, or price-dislikes feature/finds a feature unfair	2
8	Financial product design, or price-benefits inadequate	2
8	Financial product design, or price-too complicated/difficult to understand	2
8	Financial product design, or price-not performing, or delivering, as expected	5a
8	Financial product design, or price-unhappy with change(s) that were made	2
8	Financial product design, or price-unhappy with discontinuation of financial product	2
8	Financial product design, or price-too expensive compared to others	2
8	Financial product design, or price-unaffordable, due to change in circumstances	4
8	Financial product design, or price-costs more than was told it would cost	2
8	Financial product design, or price-unfair pricing	2
8	Financial product design, or price-confusing pricing/hidden costs, or charges	2
8	Financial product design, or price-unhappy with legislative limitation	2
9	Financial advice, or financial adviser-did not take needs, or circumstances, into account	4
9	Financial advice, or financial adviser-factually incorrect, or misleading, advice	4
9	Financial advice, or financial adviser-advice not provided	4
9	Financial advice, or financial adviser-inappropriate advice	4
9	Financial advice, or financial adviser-coercive advice/use of fear tactics	4
9	Financial advice, or financial adviser-conflict of interest not mitigated, or disclosed	4
9	Financial advice, or financial adviser-feels adviser lacking in knowledge, or experience	4
9	Financial advice, or financial adviser-finds adviser lacking in integrity	4
9	Financial advice, or financial adviser-finds adviser fees too high/not transparent	4
9	Financial advice, or financial adviser-adviser unhappy with commission-related issue	4
9	Financial advice, or financial adviser-adviser unhappy with service provided to adviser	4
10	Complaints handling-taking too long to resolve	6b
10	Complaints handling-complaint not resolved, despite being "closed"	6b
10	Complaints handling-not getting back to client/lack of feedback	6b
10	Complaints handling-unable to get hold of someone	6b
10	Complaints handling-poor communication regarding processes, or decision	6b
10	Complaints handling-cumbersome, or inaccessible, processes	6b
10	Complaints handling-rude	6b
10	Complaints handling-apatetic/uncaring	6b
10	Complaints handling-not listening	6b
10	Complaints handling-incompetent	6b
10	Complaints handling-lacking financial product knowledge	6b
10	Complaints handling-someone refusing to meet request	6b
11	Privacy/POPIA-unsolicited marketing	5b
11	Privacy/POPIA-access to personal information	5b
11	Privacy/POPIA-correction, deletion, or destruction, of information	5b
11	Privacy/POPIA-processing special personal information	5b

11	Privacy/POPIA-processing children's information	5b
11	Privacy/POPIA-unlawful processing of personal information	5b
11	Privacy/POPIA-unauthorised access to, or destruction of, information	5b
11	Privacy/POPIA-unlawful collection of personal information	5b
11	Privacy/POPIA-information regulator	5b
11	Privacy/POPIA-invasion of privacy	5b
12	Disputes-required documents not submitted	0
12	Disputes-criteria for benefits not met	2
12	Disputes-exclusion applies	2
12	Disputes-non-disclosure, or misrepresentation, by client	0
12	Disputes-policy termination/rejection dispute	5a
12	Disputes-policy wording dispute	3
12	Disputes-premiums not paid	2
12	Disputes-premium dispute	2
12	Disputes-entitlement to benefits dispute	2
12	Disputes-benefit calculations dispute	2
12	Disputes-excess dispute	2
12	Disputes-insurer's unilateral cancellation of policy	5a
12	Disputes-possible client fraud	0