



# Complaint Form

## NON-BANKING

(issued under section 7(1) of the Ombudsman for Financial Services Act)

### Before we can help you with your complaint, you will need to:

- make a written complaint to the Financial Services Provider before lodging your complaint with us;
- ensure that not more than 6 months have lapsed from the date of receipt of the decision of the Financial Services Provider.

### Please note that:

- leaving unanswered questions, providing inadequate answers, or failing to provide supporting documentations may result into delays in processing your complaint.
- by submitting your complaint, you are agreeing that your personal data is shared with the Financial Services Provider or any other relevant person for the purposes of assessing your complaint.
- If you are represented by another person, other than a legal representative, please provide a signed authorisation letter to your representative.
- additional information on our complaint handling processes can be accessed on our website (<https://ofsmauritius.govmu.org/ofsmauritius/>).

### Documents that we require to complete our preliminary assessment:

- This completed and signed Complaint Form;
- A copy of the complaint made to the Financial Services Provider (*if available*);
- The response received from the Financial Services Provider (*if any*);
- Authorisation Letter (*if applicable*).

## COMPULSORY PROCEDURES

1. Did you make a written complaint to the Financial Services Provider prior to lodging this complaint?

Yes\*

No\*

***\*If Yes, please attach a copy of the complaint made with the financial services provider, if available.***

***\*If No, please make a written complaint to the financial services provider before making a complaint to us.***

2. Did the Financial Services Provider reply?

Yes\*

No\*

***\*If Yes, please ensure that a copy of the reply is submitted with this Form.***

***\*If No, please proceed to question 3 below.***

3. Has it been 30 days since you wrote to the Financial Services Provider?

Yes

No\*

***\*If No, please allow 30 days for a response from the financial services provider before making a complaint to us.***

## SECTION A: PERSONAL DETAILS

**(Please fill in the details of the complainant)**

<b>4. Title:</b>	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Miss. <input type="checkbox"/>
<b>5. Surname:</b>	.....		
<b>6. First Name:</b>	.....		
<b>7. ID No./Passport No.</b>	.....		
<b>8. Residential Address:</b>	.....		
<b>9. Email Address:</b>	.....		
<b>10. Phone No.:</b>	.....		

Are you making this complaint on behalf of another person or on behalf of a business or entity? If yes, please fill in this Part, as applicable. If no, please go to Section B.

***Complaint made on behalf of another person.***

<b>11. Have you been authorised to lodge this complaint on behalf the Complainant?</b>	
Yes* <input type="checkbox"/>	No* <input type="checkbox"/>

***\*IF YES, PLEASE SUBMIT A COPY OF THE SIGNED LETTER OF AUTHORISATION FROM THE COMPLAINANT.***

***\*IF NO, PLEASE NOTE THAT WE WILL NOT BE ABLE TO PROCESS THIS COMPLAINT.***

<b>12. Please indicate your relationship with the Complainant.</b> .....
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**13. Please fill in the details of the representative of the Complainant:**

<b>Title:</b>	<b>Mr.</b> <input type="checkbox"/>	<b>Mrs.</b> <input type="checkbox"/>	<b>Miss.</b> <input type="checkbox"/>
<b>Surname:</b> .....			
<b>First Name:</b> .....			
<b>ID No./Passport No.:</b> .....			
<b>Residential Address:</b> .....			
<b>Email Address:</b> .....			
<b>Phone No.:</b> .....			

***\*PLEASE NOTE THAT ALL FUTURE CORRESPONDENCE IN RELATION TO THE COMPLAINT WILL BE SENT TO THE REPRESENTATIVE OF THE COMPLAINANT, WHOSE DETAILS HAVE BEEN PROVIDED ABOVE.***

***Complaint made on behalf of a business or an entity.***

14. Have you been authorised to lodge this complaint on behalf of a business or entity?

Yes\*

No\*

***\*IF YES, PLEASE SUBMIT A COPY OF THE SIGNED LETTER OF AUTHORISATION FROM A DIRECTOR or SHAREHOLDER.***

***IF NO, PLEASE NOTE THAT WE WILL NOT BE ABLE TO PROCESS THIS COMPLAINT.***

15. Please specify in which capacity you are lodging this complaint on behalf of the Complainant.

.....

16. Please fill in details of the Complainant

Name of business/entity: .....

Registered address of business/entity: .....

Business Registration Number (BRN): .....

**SECTION B: COMPLAINT AGAINST FINANCIAL SERVICES PROVIDER**

17. Please provide the name and branch of the financial services provider against which the complaint is being made.

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18. Name and type of product or service the complaint is about (e.g., loan, investment, insurance, etc.)

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19. Please confirm whether your complaint relates to a subject matter which is or has been the subject of proceedings before, or has been determined by the Commissioner for the Protection of Borrowers, a Court, a tribunal or an arbitrator

Yes\*

No\*

*\*If yes, please note we will not be able to entertain your complaint.*

*\*If no, please proceed to Section C.*

## SECTION C: DETAILS OF COMPLAINT

**20. Tell us about your complaint. Please attach supporting documents which may assist this Office in investigating your complaint.**

**21. What solution/relief are you looking for?**

**SECTION E: DECLARATION**

**22.** By submitting this complaint:

- (a) I declare that the information provided, and the facts stated above are true and correct, to the best of my knowledge;
- (b) I understand that giving false evidence or evidence to mislead the investigation constitute an offence under the law; and
- (c) I understand that the complaint will be the subject of a formal decision in writing from the Ombudsperson for Financial Services.

**Signature:** ..... **Date:** .....