

# Complaint Form

TRACKING NUMBER: \_\_\_\_\_

**Please use this form to tell us about your complaint – so we can see if we're able to help you.**

If you're not sure about anything – or have any difficulties filling in this form – we can be reached at 441.294.5715 and request the Chief Operating Officer.

FIRST, PLEASE GIVE US YOUR DETAILS		... AND THE DETAILS OF ANYONE COMPLAINING WITH YOU	
SURNAME	TITLE	SURNAME	TITLE
FIRST NAME		FIRST NAME	
OCCUPATION (IF RETIRED, PREVIOUS OCCUPATION)		OCCUPATION (IF RETIRED, PREVIOUS OCCUPATION)	
DATE OF BIRTH (YYYY / MM / DD)		DATE OF BIRTH (YYYY / MM / DD)	
ADDRESS FOR WRITING YOU (INCLUDE POST CODE)		ADDRESS FOR WRITING YOU (INCLUDE POST CODE)	
DAYTIME PHONE		DAYTIME PHONE	
HOME PHONE		HOME PHONE	
MOBILE PHONE		MOBILE PHONE	
E-MAIL		E-MAIL	
IF SOMEONE IS COMPLAINING ON YOUR BEHALF (E.G. AN INVESTMENT ADVISOR, ATTORNEY-AT-LAW OR RELATIVE) PLEASE GIVE US THEIR DETAILS			
THEIR NAME		RELATIONSHIP TO YOU	
THEIR ADDRESS FOR WRITING YOU (INCLUDE POST CODE)			
THEIR DAYTIME PHONE		THEIR FAX	
THEIR E-MAIL		REF	

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## IF YOU'RE COMPLAINING ON BEHALF OF A COMPANY, CHARITY OR TRUST PLEASE FILL IN THESE DETAILS

ITS FULL OFFICIAL NAME

NUMBER OF EMPLOYEES\*

IF A PARTNERSHIP, THE NUMBER OF PARTNERS\*

ITS ANNUAL TURNOVER, ANNUAL INCOME OR NET ASSET VALUE (AT THE TIME YOU FIRST COMPLAINED)\*

## DETAILS OF YOUR ACCOUNT MANAGER WHO OFFER THE SERVICE OR PRODUCT THAT YOU ARE COMPLAINING ABOUT

NAME

ADDRESS FOR WRITING YOU (INCLUDE POST CODE)

DAYTIME PHONE

E-MAIL

## THE KIND OF PRODUCT OR SERVICE YOU'RE COMPLAINING ABOUT

PLEASE TELL US THE NAME AND TYPE OF THE PRODUCT OR SERVICE

... AND ANY REFERENCE NUMBER YOU HAVE – FOR EXAMPLE: YOUR INVESTMENT ACCOUNT NUMBER OR CLIENT ACCOUNT NUMBER

INDICATE DETAILS OF THE COMPLAINT

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## TIME LIMITS MAY APPLY TO YOUR COMPLAINT – SO WE NEED TO KNOW THE FOLLOWING DATES

WHEN DID THE ADVICE, TRANSACTION OR POOR SERVICE THAT YOU'RE COMPLAINING ABOUT TAKE PLACE?	DAY	MONTH	YEAR
WHEN DID YOU FIRST COMPLAIN TO YOUR ACCOUNT MANAGER OR ANY OTHER REPRESENTATIVE OF THE COMPANY THE BUSINESS YOU THINK IS RESPONSIBLE?	DAY	MONTH	YEAR
WHAT IS YOUR RECOMMENDED ACTION BY THE COMPANY, TO PUT THINGS RIGHT FOR YOU?			

PLEASE GIVE US ANY OTHER DETAILS THAT YOU THINK WILL HELP US UNDERSTAND YOUR COMPLAINT

**FINALLY, PLEASE READ AND SIGN THIS DECLARATION**

"I would like the management of AFL Investments Limited is to consider my complaint. I confirm that all the information I have given you is true and accurate to the best of my knowledge."

**Sign Below**

You need to sign, even if someone else is complaining on your behalf. This shows that you have given them your permission to complain for you. If you're signing on behalf of a business, please give your job title.

SIGNATURE

DATE

SIGNATURE

DATE

**MAKE SURE YOU HAVE ...**

- ✓ included everything you want to tell us about
- ✓ your complaint
- ✓ enclosed a copy of the business's last letter
- ✓ enclosed copies of relevant documents

**NOW PLEASE POST TO <sup>1</sup> ...**

**Chief Operating Officer**  
AFL Investments Limited  
Maxwell R. Roberts Building,  
1 Church Street, Third Floor  
P O Box HM 1064,  
Hamilton HM EX

<sup>1</sup>Alternatively, completed complaint forms and documents can be emailed to [complaints@aflinvestments.bm](mailto:complaints@aflinvestments.bm).