



COMPLAINTS RESOLUTION POLICY AND PROCEDURE.

PREAMBLE

Financial Management International Limited (FMI) is committed to handling any complaint from a policyholder promptly seeking an outcome that is fair and equitable for both the Policyholder and the Company.

To ensure this, the Company has formulated a complaints handling procedure as set out below.

THE COMPLAINTS HANDLING PROCEDURE

The following procedure will be followed:

1. Telephonic complaints. Telephonic complaints are generally received by the FMI Call-Center. The number of **086 010 1119** is given to policyholders in all correspondence to the clients as well as it appears on all marketing and advertising media. Where a complaint is received by reception on **(031) 5383500** it must be transferred to the call center.
2. The call-center operator will establish the nature of the complaint and where the operator is able to provide the complainant with a satisfactory response to the complaint by use of his / her own resource, e.g. direct from computer records, the complaint will be noted as an enquiry and not recorded as a complaint.
3. Complaints in writing. In the event that it is not possible to respond to the complaint satisfactorily the call-center operator must request the complainant to submit the complaint in writing to:

The Internal Compliance Officer, P O Box 223, MOUNT EDGECOMBE, 4300 for attention Mrs Cookie Singh or by e-mail at cookies@fmi.co.za or fax (031) 5027006. On receipt of a written complaint it must be recorded and the complainant must be advised of receipt thereof in writing within 48 hours.

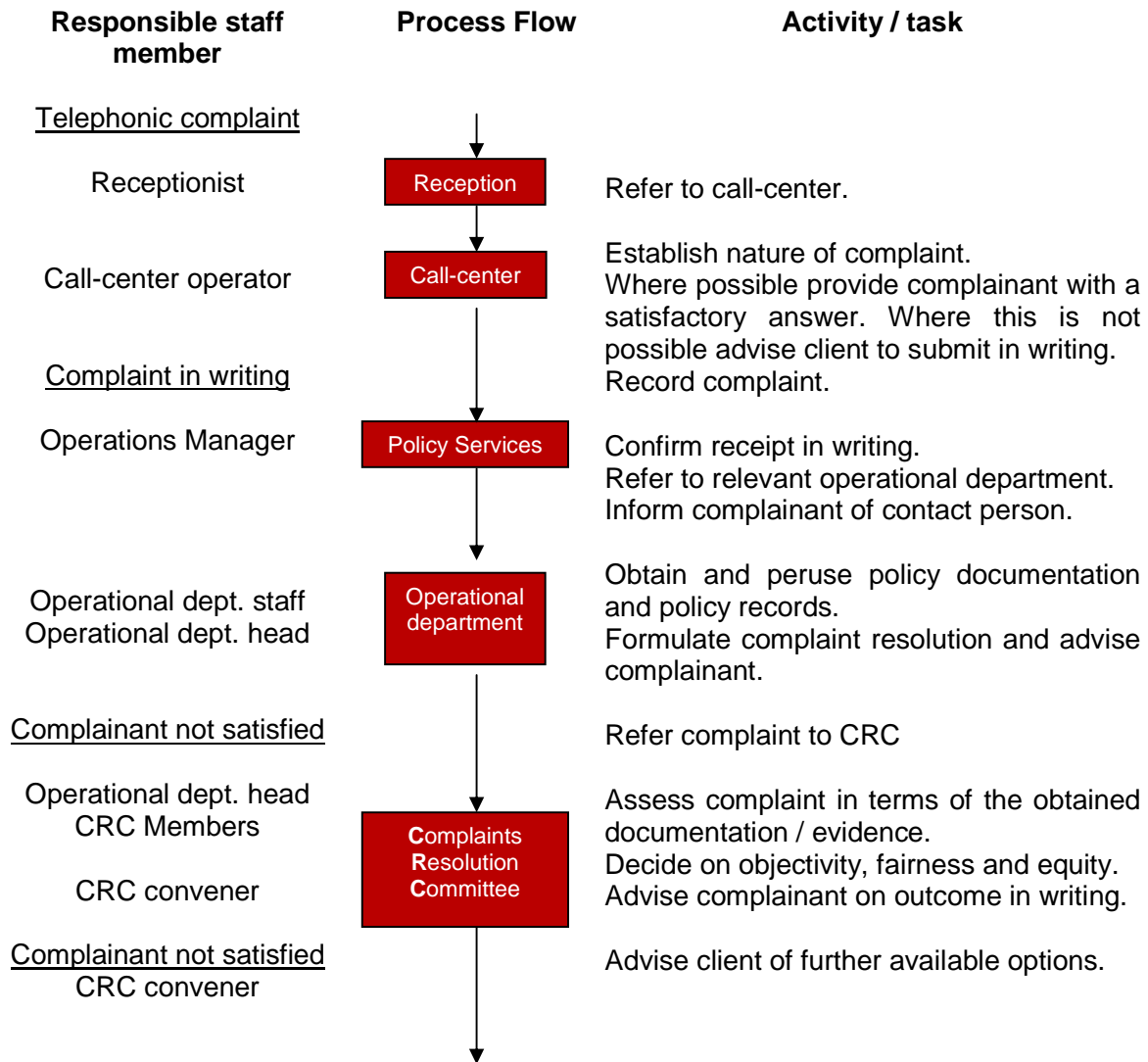
THE INTERNAL PROCESS

Once a complaint has been received the following process will be followed.

1. The complaint will be referred to the relevant operational department.
2. All policy documentation and policy records that have a bearing on the complaint must be collated and perused as may be necessary and referred to the departmental head for a decision.
3. The complainant will be kept informed on the person dealing with the complaint and contact detail.
4. In the event that the complaint cannot be resolved by the departmental head the complaint and all relevant documentation must be referred to the Complaints Resolution Committee [CRC]
5. The CRC will attend to the complaint as soon as is possible in an effort to resolve the problem within 20 working days.
6. The CRC must make a decision that is objective, fair and equitable and the client must be advised of the outcome in writing. A decision will only be regarded as having been resolved when the convener of the CRC has signed it off.
7. In the event that the complainant is still not satisfied the complaint shall not be regarded as resolved and the complainant must be advised of further available options in writing. For this purpose the complainant shall in the first instance be referred to the Ombudsman for Long-term Insurance providing full contact details.

COMPLAINTS VIA THE OMBUDSMAN OR REGULATORY BODY

1. All complaints from the Ombudsman for Long-term Insurance or Regulatory Body will be received by the Company compliance officer or delegated person and referred to the relevant operational department
2. Such complaints may be complaints already ruled on by the CRC or submitted so for the first time. In both events the complaint will be dealt with by the CRC .



Any subsequent submission of the complaint, or any new complaint submitted via the Ombudsman or a Regulatory Body will be dealt with in accordance with items 12 & 13 of the process description.