



The Contract Cleaning National Provident Fund

COMPLAINTS FORM

*** PLEASE NOTIFY NBC\FUND IMMEDIATELY WHEN THERE IS A CHANGE OF PERSONAL CONTACT DETAILS ON YOUR SIDE**

By lodging this complaint form you agree to the following:

1. You wish for the Fund to investigate your complaint on your behalf;
2. Information submitted by you to NBC Holdings will be used solely for the purpose of investigating and adjudicating your complaint;
3. We will at all times, respect your privacy and keep your personal information confidential; You give consent to NBC Holdings Fund to process your potential & special information;
4. Where your complaint does fall under NBC Holdings jurisdiction, this administrator may share information submitted by you with any of the relevant parties involved in the complaint to find out important information about your case – this consent will also include details of minor children (if applicable), i.e. birth certificates of minors or any similar document, where they are beneficiaries with regards to death benefit claims;
5. You have the right to object to the sharing of your personal information with other parties. Should this be the case, then this Administrator will not be able to investigate your complaint and your file may be closed. Yes No

EMPLOYER'S DETAILS | COMPLAINT'S DETAILS

Surname:	
Full Name's:	
Identity Number:	
Residential Address:	
Contact details:	Phone Number:
	Alternative Number:
	Email Address:
Name of the Company:	
Address of the Company:	
Contact Details of the company:	Tel:
	Email:
	Contact Person:
Date of joining the company:	
Date of leaving the company (If applicable):	



SUPPORTING DOCUMENTS ATTACHED (if applicable)

1. General documents required:	<input type="checkbox"/> ID of Complainant and/or member belonging to the fund
	<input type="checkbox"/> Fund benefit statement/Payslip
	<input type="checkbox"/> Correspondence to and from the fund/administrator/ employer
2. Divorce matters:	<input type="checkbox"/> Divorce Order with Settlement Agreement
3. Withdrawal Claim:	<input type="checkbox"/> Signed and Stamped claim form
	<input type="checkbox"/> Copy of ID
	<input type="checkbox"/> Copy of Bank Statement (3 months)
4. Disability matters:	<input type="checkbox"/> Copy of Disability finding / Report
5. Death benefit Matters:	<input type="checkbox"/> Copy of Member's Death Certificate
	<input type="checkbox"/> Copy of ID/birth certificates of minors
	<input type="checkbox"/> Affidavit (if applicable)

DETAILS OF COMPLAINT

Background information (Please attach a letter if not enough space)

Complaint received by:	

*Kindly tick which department to refer your complaint to:	Please Tick here:
Consulting: Advisory services on Retirement fund legislation, Group Risk Insurance, offerings, handle member queries, Management and monitoring of the operations of the Fund, board of trustee queries	
Legal and Compliance team: the affairs of Pension Fund adjudicator queries, registration of cleaning companies, non-compliant employers and pursuit of non-registered employers;	
Communications team: The team is dedicated to employer onboarding Fund training sessions, they facilitate the retirement benefits counselling, onsite and virtual member/employer Fund education sessions.	
Administration team: handles claim queries, all withdrawal, disability claims, death cases, Employer online facility	

Date

Complainants Signature