



COMPLAINTS RESOLUTION POLICY AND PROCEDURE

Orchid Risk Services is fully committed to:

Settling any complaint in terms of the Financial Advisory and Intermediary Services Act (FAIS) in a transparent and fair manner.

We view complaints as a serious issue and all interactions with a complainant, be they our existing clients or third parties, will be conducted with the highest possible level of courtesy and professionalism.

We appreciate the effort that a client may take in bring a problem to our attention.

Internally, all complaints will be managed by the Managing Director. He will be responsible for ensuring the complaint is brought to an effective, speedy and fair resolution.

The primary objective of these procedures is to:

- Resolve the matter at hand,
- Avoid escalation to the Ombud or litigation,
- Identify the aspects that led to the complaint and ensure procedures are improved or established to prevent a reoccurrence.

Our resolution procedure we will be as follows:

- If the initial complaint is received verbally it must immediately be logged and then escalated to the Managing Director.
- All verbal complaints are to be reduced to writing immediately by the person who initially handled the phone call or visit.
- If the complaint is received in writing it must immediately be logged.
- A separate file (Complaints Register) has been created for ongoing control.
- The Managing Director will immediately advise the Compliance Officer of the incident if the complaint warrants immediate Compliance Officer Intervention.
- A formal written acknowledgement is to be sent to the complainant within 2 working days. If the complaint was verbal a request should be made to the complainant to confirm the details in writing.

- If the complaint is such that a simple investigation into the matter will resolve the problem, there will be no need to ask the complainant to put the details in writing if the complaint was verbal, however the incident must still be logged as a formal complaint and all other aspects of this procedure are to be followed.
- The specific incident is to be investigated by the Managing Director (unless the complaint involves him, - in which case the Compliance Officer will conduct the investigation)
- Where appropriate, the insurer involved should be formally notified in writing as to the nature and extent of the complaint.
- If the incident is minor and quickly resolved, to the satisfaction of the complainant, a formal written note is to be sent to the complainant confirming the action taken. A file note is to be drawn up on the nature of the complaint, what the cause was and how the matter was resolved. Any recommendation that systems be upgraded or changed should be recorded and submitted to line management and our Compliance Officer.
- If the complaint is not immediately resolvable, the complainant must be sent a summary of the steps to be taken to resolve the matter. The complainant must also be notified as to the expected date of resolution.
- Any offer to rectify the complaint must be made formally in writing and a formal written response should be asked for in return to close the file.
- Should our response not achieve resolution then the complainant must be advised that they have the right to escalate the matter to the relevant Ombud. This right must be communicated in writing. The complainant must be advised that he/she has 6 (six) months from the date of notification, to take the matter to the Ombud. The Ombud's name, address and further contact details should be given to the complainant.