LEGATUS trust
PROTECTING AND INCREASING YOUR WEALTH

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info@legatus.co.za; www.legatus.co.za

LEGATUS - CLIENT COMPLAINT SUBMISSION FORM

Date		**Complaint re trust:**	
Client name		Name of trust	
Client surname		Name of employee	
Client e-mail address		**Complaint re estate:**	
Client contact number		ID number of deceased	
Other		Name and surname	
Preferred method of comms		Name of administrator	
		Any other complaint:	
SUBMIT FORM TO:	info@legatus.co.za	Name of employee	

PLEASE EXPRESS THE REASONS FOR YOUR DISSATISFACTION IN AS MUCH DETAIL AS POSSIBLE

PLEASE INDICATE YOUR DESIRED OUTCOME AND WHAT YOU WOULD LIKE TO ACHIEVE

PLEASE INDICATE ANY OTHER FACTORS YOU WOULD LIKE US TO CONSIDER

PLEASE PROVIDE AND LIST THE SUPPORTING DOCUMENTATION THAT YOU BELIEVE WOULD ASSIST US IN RESOLVING YOUR COMPLAINT, IF ANY

For office use:

CASE NUMBER:		Client name/surname	
Date complaint received		Contact number	
Department		E-mail address	
Name of employee			
Company: Legatus/ EFBOE/NB/NB-Old		Acknowledgement e-mailed to client	