CONSUMER COMPLAINT FORM

Please complete this form in full and submit it to us via e-mail, fax or post at:

Website: www.bulldogwatch.co.za ● E-mail: complaints@bulldogwatch.co.za ● Fax: 086 601 8888

Postal Address: Bulldog Watch, PO BOX 784989, Sandton, 2146, South Africa

The complainant must complete this form in full and provide all requested information to the best of their knowledge and ability. Please note that all personal information provided will be kept confidential and will not be shared with third parties. This form must be accompanied by the following items and information. Please submit copies of requested items only and keep originals with you. We cannot be held responsible for any items being lost or stolen.

- Scanned copies of Invoice and/or Receipt for the item and/or service in question.
- Scanned copies of Contracts and/or Agreements if applicable.

Date

Received:

- Copies of all correspondence related to the matter (email or letters) including letter of complaint.
- Any further details which you believe to be applicable to the matter and which could assist us with getting a positive resolution to your complaint.

FOR OFFICE USE ONLY - TO BE COMPLETED BY BULLDOG WATCH REPRESENTATIVE

Complaint Ref. No:

Received By:					Transferi	ed To):								
Industry Class of Complaint:															
Offender Type:		First Time Offence		Mi	nor Offence				Previous Bulldog Watch			h [Yes		
		Recurring Offence		Major Offence			Reported Offences				No				
PERSONAL DETAILS OF COMPLAINANT															
Title:				No. / ssport No:											
Full Name:					Surnan	ne:									
Postal Address:					Physica Addres										
			Postal Code:									Are Cod			
Cell No:					Fax No	:									
Tel No. (H):	()			E-mail:										
Tel No. (W):	()			If needed, when is the best time of day to contact you?											

	COMPLAINT DETAILS	(Please provide as much l	information as is availa	ble to assist us in this case)
	npany and/or Person a aint is filed:	gainst whom		
	ddress of Company and	d/or Person		
	nom the complaint is fi			
	·	<u>'</u>		
				Area Code:
	Iress of Company and/ nom the complaint is fi			1
		,		
				Postal Code:
Tel No:	()		Fax No:	
Alt. Tel:	()		E-mail:	
Cell:			Website:	
	vision of Consumer Pro s or code has been cor			
Descriptio	n of your complaint:			
				-

		COMPLAINT DETAIL	S (Continued)			
Please provide details of s		en				
to try and resolve the mat	iter on your own:					
List of documents relevan	t to complaint					
and which are attached to	•					
What outcome do you prowould you prefer for this	•					
	-					
Have you previously filed				g Watch	Yes	No
or any other Consumer Pr What was the outcome of		h regards to this ca	se?			
What was the outcome of	the complaint:					
DDE.VIA	OLIC CONADI AINITO	PV COMPLAINAN	CON OTHER MARTERS	/If Applicable	٠,	
Have you previously filed			ON OTHER MATTERS	(-, 	
other matter with Bulldog	g Watch or any oth	ner Consumer Prote			Yes	No
If so please provide the Buthe complaint or Name of						
Name Company and/or Pe						
was filed:						
Nature of Complaint:						
Outcome of Complaint:						
By submitting this compla						
to all consumer complain	-			-		
that contained in all docu and correct to the best of		ereto ariu/or Submi	iteu with this form to !	substantiale l	ms comple	ann is true
Signature:	P	lace:	Date:	:		
			· · · · · · · · · · · · · · · · · · ·			