

COMPLAINT FORM

UNIT HOLDER INFORMATION

Investor Name: UTOF Investor No:

Phone Contact: Postal Address:

Email ID:

Please provide a brief description of your complaint

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What outcome did you expect from your complaint?

DECLARATION

I/We hereby declare that the information provided is true and correct to the best of my/our knowledge

Signature(s) of Unit Holder: Date:

Signature(s) of Unit Holder: Date:

Kindly send or lodge your completed form(s) to the address below:

**The Chief Executive Officer
Unit Trust of Fiji (Management) Ltd
Provident Plaza One, Level Two
Ellery Street
SUVA**

**Ph: 3301052 / 6720335
Email: info@unittrustfiji.com**

OFFICIAL USE ONLY

Complaint No: Date Received: Time Received:

Received by: Branch: Medium:

Date Acknowledged: Date complaint was resolved:

Action taken