

Cape Town	The Vineyard Office Estate	PO Box 6878	T +27 (0)21 913 9202
Head Office	99 Jip de Jager Road	Welgemoed	F+27 (0)21 913 0513
	Bellville Cape Town	7538	
Reg No. 1999/017747/07	South Africa	South Africa	www.sintrex.com



May 24, 2023

CUSTOMER CPA COMPLAINTS FORM

The completion of this form supports the Sintrex Integration Services PTY(Ltd) Customer CPA Complaints Policy and Process which is designed to ensure that Customer complaints about products and services are managed through an effective and consistent process that meets the requirements of the Consumer Goods and Services Ombud Code of Conduct.

Whilst Sintrex Integration Services PTY(Ltd) will not impose unreasonable barriers for Customers or prospective Customers to provide feedback or complaints the comprehensive completion of this form will assist us in effectively addressing your complaint.

Consent:

The complainant (as data subject), by clicking (online) and/or completing this form, hereby confirms that:

- *the personal information inserted herein is true and correct, and*
- *consents to the processing of personal information for internal complaints management by Sintrex Integration Services PTY(Ltd) (the Purpose),*
- *and/or, if applicable, transferring relevant information to the Consumer Goods and Services Ombud and/or National Consumer Commission as required by CGSO’s complaints processes and procedures, and*
- *further confirms that: (1) the personal information is supplied voluntarily, without undue influence from any party and not under any duress; (2) the personal information which is supplied herewith is mandatory for the Purpose and that without such personal information, Sintrex Integration Services PTY(Ltd) will not be able to process the complainant’s complaint for complaint resolution and case management.*

For more information on how Sintrex Integration Services PTY(Ltd) will use your personal information, please review our privacy policy by clicking [here](#).

Do you consent to these conditions? (place an X in the applicable box)

Yes, I do consent to these conditions	No, I do not consent to these conditions
---------------------------------------	--

NOTE: Unfortunately, we are unable to assist any further if you do not consent to the conditions.

Customer Details:

Title	
Name	
Surname	
Mobile Phone	
Alternate Contact Number	
Company Name <i>(only if the Complainant is a company)</i>	
E-mail address:	
Address Line 1	
Address Line 2	
Postal Code	
Province	

Complaint Details:

Supplier Name	
Product Brand	
Type of Product	
Model Number	
Serial Number	
Purchase Type <i>(Cash, Account, Online, via telephone)</i>	
Invoice Number	
Invoice Date	
Delivery Date	
Date Problem occurred	
Amount claimed <i>(ZAR including VAT)</i>	
Description of Complaint	
How would you like this complaint to be resolved?	

Please attach any supporting documents. You can add multiple documents - maximum size **5MB** per document: