

TITANDC

Complaints Management Procedure

In terms of sections 16 to 19 of the General Code of Conduct for Authorised Financial Services Providers and Representatives, aligned with the Policyholder Protection Rules and Treating Customers Fairly

Version 1.0 · Approved 9 September 2026

1. Why we have this procedure

Titan Development Consultants (Pty) Ltd, trading as TitanDC (FSP 8972), wants to hear when something has gone wrong. A complaint tells us where our advice, service or administration has fallen short, and the law requires us to handle it fairly, promptly and consistently. This procedure sets out what a complaint is, how to make one, what we will do, how long it will take, and where to go if you are not satisfied with our answer. It is published on our website and given to clients on request.

2. What counts as a complaint

A complaint is any expression of dissatisfaction by a client, a prospective client or a person acting on their behalf, about our advice, our service, a product we arranged, the way we handled a claim or a previous complaint, or any conduct that may have caused the person prejudice or harm, whether or not it is in writing and whether or not the person uses the word "complaint". A general enquiry, a request for information or a claim notification is not a complaint unless the person says they are dissatisfied.

For record-keeping we classify each complaint under one of the categories in the Code: (a) the design of a product; (b) information given about a product or service; (c) advice; (d) service, including administration and claims handling; (e) the handling of a previous complaint; or (f) other.

3. How to complain

Channel	Detail
Email	reception@titandc.co.za with "Complaint" in the subject line
Telephone	021 200 4000, Monday to Friday, 08:15 to 16:30; ask for a complaints officer
Post or in person	3 Tyger Lake, Office 518, Fifth Floor, 2 Niagara Road, Tygervally, Cape Town, 7530

Please give us your name and contact details, your policy or reference number, what happened and when, the people involved, and what you would like us to do about it. Attach any documents that support the complaint. If you need help to put the complaint in writing, a member of staff will write it down for you and read it back to confirm it. Complaints are free of charge.

4. What we will do

Step	What happens	Timeframe
1. Acknowledge	We record the complaint in our complaints register, give you a reference number and the name of the person handling it, and confirm what we understood the complaint to be.	Within 2 working days of receipt

Step	What happens	Timeframe
2. Investigate	The complaints officer reviews the file, the record of advice, correspondence and any product supplier records, and speaks to the staff involved. If we need more information from you, we will ask once and clearly. Where the complaint concerns an insurer or product supplier, we refer the relevant part to them and follow it up on your behalf.	Ongoing; we update you at least every 10 working days
3. Respond	We give you our decision in writing, in plain language: what we found, what we will do to put it right, or why we do not uphold the complaint, and what you can do next.	Within 6 weeks of receipt, and sooner where possible
4. Escalate internally	If you are not satisfied with the response, you may ask for a key individual who was not involved in the original decision to review it.	Review completed within 10 working days of your request
5. External escalation	If the complaint is not resolved to your satisfaction within 6 weeks, or you disagree with our final response, you may refer it to the appropriate ombud (section 6). We will tell you which ombud applies and give you their details.	Ombud time limits apply (section 6)

5. Who handles complaints

Role	Person	Responsibility
Complaints officers	Esmarie van Zyl and Dean Geldenhuys	Receive, record, investigate and respond to complaints; keep the register
Reviewing key individual	Johan Geldenhuys and Marcus Geldenhuys (whichever was not involved)	Independent internal review on request; approves the final response on advice complaints
Compliance officers	Mr P Kotze and Mr AJ Mains, Masthead, 021 555 4121	Receive a copy of every complaint and response; monitor the register; report to the FSCA

A person who is the subject of a complaint does not decide it. Staff are trained on this procedure at induction and annually, and are expected to treat complainants with courtesy and without any adverse consequence for having complained.

6. External escalation

You may approach an ombud at any time, but they will normally expect you to have given us the opportunity to resolve the complaint first. Complaints must generally be lodged with the FAIS Ombud within six months of our final response, and the NFO applies its own time limits.

Complaints about our advice or intermediary services (the recommendation we made, the information we gave, or the way we arranged your product):

	The Office of the FAIS Ombud
Address	Kasteelpark Office Park, Orange Building, 2nd Floor, 546 Jochemus Street, Erasmuskloof, Pretoria, 0048
Postal address	P O Box 41, Menlyn Park, 0063
Telephone	012 762 5000 / 086 066 3274

	The Office of the FAIS Ombud
Email	info@faisombud.co.za
Website	www.faisombud.co.za

Complaints about an insurer's decision, a claim outcome or policy terms (short-term, long-term and credit insurance):

	National Financial Ombud Scheme South Africa (NFO)
Address	110 Oxford Road, Houghton Estate, Johannesburg, 2198 and 6th Floor, Claremont Central Building, 6 Vineyard Road, Claremont, Cape Town, 7700
Telephone	0860 800 900
Email	info@nfosa.co.za
Website	www.nfosa.co.za

Medical scheme complaints may be referred to the Council for Medical Schemes (www.medicalschemes.co.za, 0861 123 267). **Concerns about our conduct as a licensed provider** may be raised with the FSCA:

	Financial Sector Conduct Authority (FSCA)
Address	Riverwalk Office Park, Block B, 41 Matroosberg Road, Ashlea Gardens, Pretoria, 0081
Postal address	P O Box 35655, Menlo Park, 0102
Telephone	0800 20 37 22
Email	info@fsca.co.za
Website	www.fsca.co.za

7. Records, reporting and review

- Every complaint is recorded in the complaints register (Annexure A) with the date received, the complainant, the category, a summary, the person handling it, each step taken with dates, the outcome, any redress given, and the date closed. Records are kept for at least five years.
- Rejected and upheld complaints, and complaints referred to an ombud, are reported to the key individuals monthly and to the compliance officers quarterly. Trends are used to fix root causes, which may include training, changes to processes, or feedback to a product supplier.
- Reportable complaints are reported to the FSCA and to product suppliers where a binder or outsourcing agreement or the Policyholder Protection Rules require it.
- This procedure is reviewed at least annually and whenever the Code, the Policyholder Protection Rules or the ombud arrangements change.

Version control

Date	Version	Change	Approved by
September 2026	1.0	Current version.	Johan Geldenhuys, Managing Director, on the recommendation of Masthead (compliance officers), 9 September 2026

Annexure A: Complaints register

Record every complaint, whether or not it is upheld. Key dates are the acknowledgement, the final response and closure. Category codes are those in section 2.

Ref	Date received	Complainant and policy no.	Category	Summary of complaint	Handled by	Key dates (acknowledged / responded / closed)	Outcome, redress and ombud referral (Y/N)