

INTERNEURON GROUP OF COMPANIES

COMPLAINT FORM

Kindly submit the details requested hereunder in writing to marthie@interneuron.co.za:

1. Name of client
2. Postal address
3. Tel Nr
4. Fax Nr
5. E-mail address
6. Contact person
7. Name of FSP who provided the service
8. Name of Representative who provided the service
9. Product /investment made
10. Reason for complaint
11. Supportive documentation