

### COMPLAINT PROFORMA

Information for all complainants

If you have a complaint about a matter which is the responsibility of APS, please complete the form below to enable us to investigate your complaint. Before doing so, please read our Complaint Handling Procedure which is provided attached and also available at [www.apsxm.org](http://www.apsxm.org).

If you have relevant documentary evidence to support your complaint, it should be submitted with this form. Evidence submitted should be as concise as possible and relevant to the complaint. Unreasonable quantities of evidence or evidence which is deemed, by the Complaints Investigator, not to be relevant to your complaint may not be considered. The investigation of your complaint will not commence until you have confirmed that your supporting documentation (evidence) is complete.

Once completed, this form should be submitted by email to [info@apsxm.org](mailto:info@apsxm.org) or delivered by post to:

Algemeen Pensioenfonds Sint Maarten  
Yogesh Commercial Complex Unit 1A /1B  
A.J.C. Brouwersweg #4  
Cul-de-Sac  
Sint Maarten

### CONTACT DETAILS

First Name:	Surname:	Date of birth:	Participant number ('Polisnummer'):
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:			
<input type="text"/>			
Email:	Telephone numbers (incl. mobile):		
<input type="text"/>	<input type="text"/>		
Represented Company (if applicable):	Date of complaint:		
<input type="text"/>	<input type="text"/>		

### YOUR COMPLAINT

Please provide a summary of your complaint

**Did you have prior contact with APS concerning your complaint**

**Please provide a brief explanation of the issue(s) you consider to be unresolved**

**Please explain how you would like your complaint resolved**

**If you are submitting a complaint more than six (6) weeks after the last related incident, please provide a brief explanation for the delay**

**SUPPORTING DOCUMENTATION**

Do you wish to submit any supporting documentation (evidence) for consideration?

Yes  No

If 'yes', please tick here to confirm that what you have submitted is complete

Signature:

Date: