

Tel: +27 011 488 1700 Fax: +27 010 060 7000 www.bdo.co.za Wanderers Office Park 52 Corlett Drive Illovo, 2196

Private Bag X60500 Houghton, 2041 South Africa

CAI NUMBER

COMPLAINT / APPEAL / INFORMATION REQUEST (CAI)

INITIATOR	MEASURED ENTITY	DATE
TYPE OF REQUEST:	Complaint Appeal Information Request	
Definitions: Complaints: A formal complaint from a measuregarding the manner in which ar Appeals: A difference between the score at the information provided prior to measured entity by the technical Information Requests: A request for information regarding documentation substantiation as unrelated to the verification, but A copy of this document can be obtained as the shooth of t	measured entity feels it is entitle verification, and the score awar signatory. In the verification process or support, from the measured entity of the reliant upon the certificate proving the verificate proving the reliant upon the certificate proving the support of the serificate proving the se	deen dealt with. led to, based on ded the deep deep dealt with. pporting deep deep deep deep deep deep deep dee
Description of complaint/ appeal or info (Completed by Complainant / Appellant		

BDO Verification Services (Pty) Ltd Registration number: 2005/040276/07

VAT number: 4320235957

Directors: M Müller (Managing) • J Lawrence • MZ Sadek • M Willimott



	Name	Signature	DATE
COMPLAINANT / APPELLANT / INITIATOR:			
		EMAIL ADDRESS:	
PHYSICAL ADDRESS:		T	
		TEL:	
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FOR OFFICE USE NAME **VERIFICATION ANALYST: VERIFICATION MANAGER:** PERSON ASSIGNED TO INVESTIGATE An independent person is required to investigate complaints and appeals. INDEPENDENT PERSON / PERMISSION TO YES DISCLOSE CONFIDENTIAL INFORMATION Permission from the measured entity to disclose information may be required by NO **REQUIRED:** ACKNOWLEDGEMENT We acknowledge receipt of your complaint / Appeal / Information Request and are in the process of completing an investigation. The outcome of the investigation will be communicated to you. NAME **SIGNATURE** DATE MANAGING DIRECTOR:



INVESTIGATION, IMPLEMENTATION & REPORT For complaints and appeals only

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APPROVAL		Recommended Corrective Action submitted by person assigned to investigate and approved by the Managing Director.				
	NOTE: A certifica	NOTE: A certificate may not be issued without identification				
			NAME	Sic	SNATURE	
PERSON ASSIGNE	D TO INVESTIGATE(*3):					
MANAGING DIREC	TOR:					DATE
WRITTEN RESPON	ISE PROVIDED TO CLIENT	:				
INDEPENDENT PERSON REQUIRED TO REVIE AND REISSUE CERTIFICATE?		EW	YES NO	An independent person is required to inv complaints and appeals. If changes are required, a different pers required to review and reissue.		appeals. equired, a different person is
COPIES OF CORRESPONDENCE ON CAI FILE?						
			NAME		Signature	DATE
MANAGEMENT RE	PRESENTATIVE:					



ROOT CAUSE AND INTERNAL CORRECTIVE / PREVENTIVE ACTION

	For office use of	nly	
Root Cause of error (where o	applicable)		
Corrective / Preventative Ac	tion (where app	olicable)	
CORRECTIVE ACTION COMPLETE		ı	T
	Name	Signature	DATE
MANAGEMENT REPRESENTATIVE:			
COPIES OF CORRESPONDENCE ON CAI FILE			T
	Name	Signature	DATE
MANAGEMENT REPRESENTATIVE:			