

Complaints Form

Please print in BLOCK letters.

Complete and return to: Complaints Handling Officer, New Zealand Funds Management Limited, Private Bag 92163, Auckland 1142

Email: info@nzfunds.co.nz

Your details

Name

Date

Existing client

Yes - NZ Funds client number or KiwiSaver member number

Not an existing client

Postal address

Street/PO Box

Suburb

City

Postcode

Phone number(s)

Mobile

Home

Business

Email address

Preferred method of contact (please tick)

Mail

Email

Mobile

Home phone

Business phone

Complaint

What is your complaint?

Outcome - What would you like to happen to resolve this issue?

SUBMIT