

Complaints form

Please print in BLOCK letters.

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

Or return by email to: info@nzfunds.co.nz

Your details

Name

Date

Existing client

Yes

Not an existing client

NZ Funds client number / KiwiSaver member number

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