



MOTOR INDUSTRY OMBUDSMAN
OF SOUTH AFRICA

FOUNDER MEMBER OF THE OMBUDSMAN ASSOCIATION OF SOUTH AFRICA

NPC (Reg. No. 2001/004871/08)

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ASSISTANCE REQUEST FORM (ARF)

The Motor Industry Ombudsman of South Africa's (MIOSA) assists consumers in resolving complaints by investigating and coming to a subsequent finding. It is therefore of utmost importance that the assistance request form is completed in full. Failure to do so will result in unnecessary delays. For assistance in this regard, please contact the MIOSA information and liaison office at **086 11 64672**.

Reference No: _____
For office use only

How did you become aware of the MIOSA: _____

Date Submitted: _____

Details of Complainant:

1. a) If Complainant is an Individual:

Title (Hon, Dr, Mr, Mrs, Miss, Ms): _____

Surname: _____

First Names: _____

ID number: _____

b) If authorized to act on the complainant's behalf in terms of Section 4 of the Consumer Protection Act No. 68 of 2008 (CPA). Please attach a certified copy of your original mandate or Power of Attorney (POA), as well as the reason for obtaining your mandate or POA:

Title (Hon, Dr, Mr, Mrs, Miss, Ms): _____

Surname: _____

First Names: _____

ID number: _____

c) **If the complainant is a legal entity, ie, a registered company or a close corporation etc, this assistance request form must be accompanied by a letter from the auditor or accounting officer stipulating that the legal entity's annual turnover or asset base does not exceed the amount of R2 million per annum.**

d) **In the event where a dispute arises between Service Providers or Operatives within the motor industry a dispute must be dealt with by the MIOSA subject to Section 82 of the CPA.**

2. Complainant information:

Daytime Tel: _____

CODE

Cell : _____

Email: _____

Fax

CODE

Preferred means of contact: (Please tick one)

FAX

EMAIL

Complainant Initial: _____

Gender: (please tick one)	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female				
Race: (please tick one)	<input type="checkbox"/>	African	<input type="checkbox"/>	Coloured	<input type="checkbox"/>	Indian	<input type="checkbox"/>	White
Age Group: (please tick one)	<input type="checkbox"/>	15-34	<input type="checkbox"/>	35-44	<input type="checkbox"/>	45-59	<input type="checkbox"/>	60+

Confirmation of Jurisdiction and Undertaking

I _____ the complainant or representative of the complainant, confirm that I have given the manufacturer/importer/distributor/retailer/dealer/service provider (herein after referred to as Respondent) the opportunity to resolve the complaint before submitting this assistance request form to the **MIOSA**.

When I did so I spoke to _____ of _____ on or about _____

I submit this assistance request form to the MIOSA because: (Please tick)

- (a) My complaint was not resolved by the Respondent over a period of _____ (period of time).
- (b) The Respondent rejected my complaint (**Please attach correspondence to this effect**)

I confirm that my complaint is not: (Please tick)

the subject of any legal proceedings. If I have consulted an Attorney it has only been to get advice or assistance in drafting my complaint.

PRODUCT/COMPONENT DETAILS

Make/Type:				
Model (Year):				
Registration number:				
Engine number (on licence disc):				
VIN number (on licence disc):				
Gearbox: (Please tick one)	<input type="checkbox"/>	Manual	<input type="checkbox"/>	Automatic
Date of purchase and kilometers:	Date	<input type="text"/>	Kms	<input type="text"/>
Date dispute originated and kilometers:	Date	<input type="text"/>	Kms	<input type="text"/>
Current kilometers:	<input type="text"/>			
Is the service history up to date? (Please tick one)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Was product/component under warrant at the time? (Please tick one)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Vehicle used mainly on: (Please tick one or both)	<input type="checkbox"/>	Tar	<input type="checkbox"/>	Dirt
Finance by (Financial institution):	<input type="text"/>			
Account number:	<input type="text"/>			
Product supplied incorrect:	<input type="text"/>			

Complainant Initial: _____

MY COMPLAINT IS AGAINST

Name of Respondent:					
Complaint reference number (if available):					
Suburb:		City/Town:		Province:	
Telephone number:		CODE			
Fax number:		CODE			
Email:					
What did the Respondent suggest?					

DETAILS OF COMPLAINT

Please type or write legibly on a separate page **ALL** the relevant facts including dates, times, places and names in date order.

The information submitted will be used by the MIOSA in the resolution of the dispute. Please ensure that all relevant documentation is submitted with this assistance request form. Please also attach:

- a copy of the OTP/purchase invoice if a complaint flows from a sale transaction; or
- a copy of the quotation, job card and the final costing invoice if a complaint flows from service or repair agreement.

Please summarise your complaint in the space below: This summary will be used by the MIOSA to arrive to a conclusion of the matter.

Complainant Initial: _____

Briefly state what outcome you hope to achieve

TERMS AND CONDITIONS

1. I/we agree not to hold the MIOSA or any of its staff liable for any loss or damage of any nature that I/we may suffer as a result of the MIOSA accepting and dealing with this complaint.
2. I/we hereby undertake not to be abusive or insulting when communicating with the MIOSA.
3. My/our complaint and the documents that I/we submit to the MIOSA will be treated as confidential. The letters and documents sent to the MIOSA by the Respondent will also be treated as confidential, only and in so far as it is necessary to resolve the dispute through a conciliation process.
4. I/we accept the fact that the MIOSA has the sole right to decide which of the documents received by the MIOSA are disclosed to the Respondent and myself/ourselves.
5. I/we authorize the Respondent to disclose any information they may have to the MIOSA regarding my/our complaint.
6. I/we agree and authorize the MIOSA to disclose information received to the National Consumer Commission in terms of the South Africa Automotive Industry Code of Conduct (Code).
7. I/we accept that the MIOSA will not be able to attend to my/our complaint should I/we have commenced with legal action.
8. Neither I nor my representative will subpoena the documents in my/our file, or the MIOSA or any member of its staff. Neither I nor my representative will order that any of these documents be disclosed in terms of any court rule unless ordered to do so by a court of law.
9. I/we understand and comprehend the above and confirm that it is fair and reasonable in the circumstances to protect both myself/ourselves and the other party's rights to prevent prejudice in respect of our rights.
10. By lodging a complaint with the MIOSA, the period of prescription of the claim is not stopped. I/we wish to confirm that my/our claim against the Respondent may prescribe in 3 years in terms of the Prescription Act No. 68 of 1969 and that the onus to stop prescription will be with me/us.
11. I/we agree that should I/we lose vested interest in the said vehicle (ie, sold the vehicle, repossessed etc), I/we will immediately inform the MIOSA, in writing, so that the MIOSA can close the file.
12. I/we agree that in the case where the registered owner has passed away, the executor of the estate should inform the MIOSA immediately.

Complainant Initial: _____

13. I/we agree to the jurisdiction of the MIOSA in terms of Section 69 of the CPA.

14. I/we agree that my complaint shall be dealt with by the MIOSA on the above terms and conditions and according to the rules of the MIOSA. The information provided by me/us herein is, to the best of my knowledge, true and correct.

Signed at _____ on the _____ day of _____ (month) 201 _____ (year)

Complainant or person authorized to act on the Complainant's behalf