

COMPLAINT REGISTRATION FORM – For Clients

1. General Information

A. Personal Details:

Name of the Complainant _____
 Residential Address _____
 (For correspondence) _____
 _____ Pin code _____
 City _____ State _____
 Telephone no. _____ STD Code _____
 Mobile no. _____
 E-Mail id _____
 Permanent A/c No. (PAN) _____
 Unique Client Code _____
 (Allotted by Trading Member)

B. Demat Account Details

DP Name _____
 DP-id _____ DP client id : _____

C. Bank Account Details

Bank Name _____
 Branch Name _____
 Bank Account No. _____

2. Trading member Particulars

Name of the Trading Member _____
 FMC Registration Number _____
 Address of the Branch _____
 Contact Person name _____
 Contact person number _____ STD Code: _____

3. Nature of Complaint: (please tick relevant box)

(i) Non-Issuance of the Documents by the Trading Member	
(ii) Non-receipt of credit balance/funds	
(iii) Close out / Square up of positions without intimation	
(iv) Trades without authorization /consent	
(v) Margin related	
(vi) Non receipt of acknowledgement	
(vii) Delivery related, if any	
(viii) Others, Specify	

4. Total value of Claim (Provide/attach the statement of calculation): Rs. _____

5. List of documents enclosed with the Complaint:

(i) Contract Notes	
(ii) Bills	
(iii) Daily MTM settlement	
(iv) Statement of account	
(v) Copy of ledger	
(vi) Any other document in support of your claim	

6. Details of Complaints taken up with Trading Member:

- Date of last trade/transaction through member : _____
- Date on which complaint taken up with trading member : _____
- No. of copies of correspondence with the member enclosed: _____

7. Additional information (if any):

Place: _____
Date: _____

_____ Complainant's Signature