

GRIEVANCE / COMPLAINT REGISTRATION FORM

A. *General Information				
Complaint Against Member	Client Exchange			
Name:				
Address:				
	PIN:			
City:	State:			
Mobile no.:	e no.: Phone No			
PAN No.:	N No.: Client (UCC) ID:			
Email ID:				
B. NERL Account Information	n			
CP Name.:				
	Client ID:			
C. Bank Account Detail				
Bank Name.:	Branch Address:			
Bank A/c No:	IFSC Code:			
D. *Opposite Party Detail				
Name:				
Address:				
	PIN:			
City:	State:			
Mobile no.:	Phone no (if any).:			
Contact Person Name:	ne: Member PAN No (if any).:			
*Whether disputed trade is IBT (In	nternet Based Trading)?			



on-receipt/ delay of Account statement;		
Charges- Excess brokerage charged, any other charges		
Unauthorized trades		
Closing off/squaring up of position without consent		
Non-receipt/ delay of bills;		
Closure of account/ branch;		
Technological issues;		
Shifting/closure of branch without intimation;		
Improper service by staff;		
Freezing of account;		
Alleged debit in trading account;		
Contact person not available in member's office		
Service Related		
Other		
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Copy of Letter/email correspondence between disputing parties: _



* Detailed Description of the complaint:			
Additional Information (If any)			
	he information provided in this complaint form are true to my of it, intentionally or otherwise, has been concealed and/o		
Place:			
Date:	(Complainant Signature)		
	, ,		

^{**} Note: Kindly furnish copies of documents relied on for the present complaint.