

COMPLAINT REGISTRATION FORM – Against Company

(Please submit in Duplicate)

1. General Information

A. Personal Details:

Name of the Complainant _____
 Residential Address _____
 (For correspondence) _____
 _____ Pin code _____
 City _____ State _____
 Telephone no. _____ Cell no. _____
 E-Mail id _____
 Permanent A/c No.(PAN) _____
 Securities held in ☐ Physical Form ☐ Demat Form

B. Physical Form

Folio No. _____
 Certificate No. _____
 Distinctive No. From _____ to _____

C. Dematerialized Form

Client id _____
 DP Name _____
 DP-id _____ DP A/c no.: _____

D. In case of Public Offering

Application number _____

2. Company Particulars

Name of the company _____
 Name of Registrar Transfer Agent _____
 Symbol of Securities _____ Face Value: _____
 No. of Securities in dispute _____

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

A. Public / Further offerings: Complaint regarding non-receipt of...

- | | |
|---|--------------------------|
| a. Allotment Advice | ☐ |
| b. Securities purchased through an Initial Public Offer | ☐ |
| c. Refund Order | ☐ |
| d. Interest on delay Redemption / Refund Amount. | ☐ |
| e. Sale Proceeds of Fractional Entitlement | ☐ |
| f. Composite Application Form for Rights Offer | ☐ |

- g. Securities purchased through a Rights Offer
- h. Letter of Offer for Buyback

B. Corporate Actions: Complaint regarding non-receipt of...

- a. Dividend
- b. Interest on Debentures, Bonds or other Debt Instruments
- c. Securities on account of Bonus/De-merger/Merger/Stock Split
- d. Redemption Amount

C. Transfer of Securities: Complaint regarding non-receipt of...

- a. Securities after Dematerialization
- b. Securities after Transfer / Transmission
- c. Duplicate Certificate relating to Securities

D. Miscellaneous: Complaint regarding

- a. Non-receipt of copy of the Annual Reports
- b. Others, Please specify

4. Value of Claim (Provide the statement of calculation): Rs.

5. List of documents enclosed with the Complaint:

- (i)
- (ii)
- (iii)

6. Details of Complaints taken up with Company:

- Date of your complaint
- Name of the contact person & designation
- Response received from company

7. Additional information (if any):



Place: _____
Date: _____

Complainant's Signature