

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 | <input type="checkbox"/> |
| b. Securities purchased through an Initial Public Offer | <input type="checkbox"/> |
| c. Refund Order | <input type="checkbox"/> |
| d. Interest on delay Redemption / Refund Amount. | <input type="checkbox"/> |
| e. Sale Proceeds of Fractional Entitlement | <input type="checkbox"/> |
| f. Composite Application Form for Rights Offer | <input type="checkbox"/> |
| g. Securities purchased through a Rights Offer | <input type="checkbox"/> |
| h. Letter of Offer for Buyback | <input type="checkbox"/> |

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