



NCCL
NCDEX Group Company

GRIEVANCE / COMPLAINT REGISTRATION FORM

A. General Information

Complaint against: *(please tick appropriate box)*

☐ Clearing Member (CM) ☐ Warehouse Service Provider (WSP) ☐ Clearing Corporation (CC)

Name of the Complainant*: _____

Address: _____

PIN: _____

City: _____ State: _____

Mobile no.*: _____ Phone no. _____

PAN *: _____ Client Code (UCC) *: _____

Email ID: _____

**Mandatory information*

B. Nature of Complaint: [please tick () in relevant box]

1.	Non-receipt of money/securities/other collaterals given to CM	
2.	Non-receipt of funds/commodities after settlement of a contract, from CM	
3.	Quality and Quantity related issues against WSP with respect to goods which are received against a buy obligation by the participant on the NCDEX platform	
4.	Others, please specify.	

C. Statement of Claim (along with calculation of claim): Rs. _____

D. List of documents enclosed with the Complaint:

i. _____ ii. _____
iii. _____ iv. _____
v. _____ vi. _____



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E. Details of Complaint taken up with CM / WSP

- i. Date on which complaint taken up with CM / WSP: _____
- ii. Copies of correspondence with the CM / WSP attached: Yes / No

F. Detailed Description of the complaint:

I, the complainant, do hereby acknowledge that all the information provided in this complaint form are true to my knowledge, belief and understanding and no part of it, intentionally or otherwise, has been concealed and/or misrepresented thereof.

Place: _____

Date: _____

(Complainant Signature)