METROPOLITAN STOCK EXCHANGE

To be filled in by MSEI
Receipt Date :
Complaint No. :

FORM FOR REGISTRATION OF INVESTOR COMPLAINTS AGAINST MEMBERS
(***Please submit in duplicate***)

1. Information about complainant

Name of the Complainant _____

Correspondence Address _____

_____

_____ Pin code _____

City _____ State _____

Telephone No. _____ Mobile No. _____

E-Mail id _____

Permanent A/c No. (PAN)** _____

Unique Client Code (UCC) _____

Depository Participant Name _____

DP-id _____ DP A/c No: _____

2. Trading member details

Name of the Trading Member _____

Address of branch of member _____

_____

Contact person at the branch _____

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

Sr. No.	Nature of complaint	CM*	F&O*	CDS*
1	Non-Issuance of the Documents by the Member			
2	Dispute regarding difference in trade price			
3	Non-receipt of funds from member			
4	Non-Receipt of Funds kept as margin with the member			
5	Non-Receipt of Corporate Benefit (Dividend/Interest/Bonus/Rights etc.)			
6	Close out / Square up of positions without consent			
7	Trades executed without authorization/ consent			
8	Excess Brokerage charged by Member			
9	Non-receipt of credit balance as per statement of accounts			
10	Non/ Wrong execution of order given by constituents			
11	Service Related			
	a) Opening / Closing of Account			
	b) Connectivity/ System related			
12	Any other complaint, Specify_____			

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*Segment: **CM** = Capital Market, **F&O** = Future & Options, **CDS** = Currency Derivatives

Any other segment of the Exchange: _____

4. Total amount of claim: `: _____

Sr. No.	Nature of complaint	Amount
1	Claim on account of Close out / Square up of positions without consent	
2	Claim on account of Trades executed without authorization/ consent	
3	Claim on account of Dispute regarding difference in trade price	
4	Claim on account of Non Receipt of Sale Proceeds of Shares	
5	Claim on account of Non-Receipt of Corporate Benefit (Dividend/Interest/Bonus/Rights etc.)	
6	Claim on account of Non/ Wrong execution of order given by constituents	
7	Claim on account of Excess Brokerage charged by Member	
8	Other Claims - Specify:	
A	**Total Amount Claimed (Excluding Interest):**	
B	**Interest Amount (If any from the date of the Transaction):**	
C	**Total Claim Amount (Including Interest[A+B]):**	

** Additional sheet may be attached if required for statement of the calculation/ break up of claim value.

5. List of documents attached:

_____

_____

_____

6. Details of correspondence with Trading Member for the Complaint:

- Date on which complaint taken up with trading member: _____
- Date of member's reply, if any :_____
- Copies of correspondence with the member to be attached: _____

7. Detailed Description of the Complaint:

Place : _____

Date : _____

_____

Complainant's Signature