

FORM OF COMPLAINT (TO BE LODGED) WITH THE OMBUDSMAN

[Clause 11(2) of the Scheme]

(TO BE FILLED UP BY THE COMPLAINANT)

All the fields are mandatory except wherever indicated otherwise

To,
The Ombudsman

Madam/Sir,

Sub : Complain against _____ (Place of Regulated Entity's branch
or office) of _____ (Name of
the Regulated (Entity))

Details of the Complaint:

1. Name of the Complainant _____
2. Age (years) _____
3. Gender _____
4. Full Address of the Complainant _____

Pin Code _____
Phone No. (if available) _____
Mobile Number _____
E-mail (if available) _____
5. Complaint against (Name and Full Address of the branch or office of the
Regulated Entity) _____

_____ Pin Code: _____
6. Nature of relationship/account number(if any) with the Regulated Entity