FORM 'A' [See rule 11(1)]

COMPLAINT TO REGULATORY AUTHORITY

Complaint under section 31 of the Act

For use of Regulatory Authority(s) office:					
Date of filing:					
Date of receipt by post:					
Complaint No.:					
Signature:					
Registrar:					
IN THE REGULATORY AUTHORITIES OFFICE (Na	me of place)				
Between Complainant(s)					
And Respondent(s)					
Details of claim:					
 Particulars of the complainant(s): (i) Name of the complainant: (ii) Address of the existing office / residence of the complainant (iii) Address for service of all notices: 	:				
 Particulars of the respondents: (i) Name(s) of respondent: (ii) Office address of the respondent: (iii) Address for service of all notices: 					
Jurisdiction of the regulatory Authority:					
The complainant declares that the subject matter of the claim falls within the jurisdiction of the regulatory Authority.					
4. Facts of the case:					
[give a concise statement of facts and grounds for complaint]					
5. Relief(s) sought:					
In view of the facts mentioned in paragraph 4 above, the co-following relief(s)	omplainant prays for the				

[Specify below the relief(s) claimed provisions (if any) relied upon]	explaining	the	grounds	of	relief(s)	and	the	legal
Interim order, if prayed for:								

Pending final decision on the complaint the complainant seeks issue of the following interim order:

[Give here the nature of the interim order prayed for with reasons]

7. Complainant not pending with any other court, etc.:

The complainant further declares that the matter regarding which this complaint has been made is not pending before any court of law or any other Authority or any other tribunal(s).

- 8. Particulars of bank draft in respect of the fee in terms of sub-rule (1) of rule 36:
 - (i) Amount

6.

- (ii) Name of the bank on which drawn
- (iii) Demand draft number
- 9. List of enclosures: [Specify the details of enclosures with the complaint]

I (name in full block letters) son / daughter verify that the contents of paragraphs [1 to 9] are true and that I have not suppressed any material fact(s).	i
Place: Date:	Signature of the complainant(s)

Verification