The Registrar
The Conciliation & Arbitration Sub Committee of
The Clothing Manufacturers Association of India
901, Naman Midtown, A-wing
FP No. 616, Behind Kamgar Kala Kendra
Senapati Bapat Marg Tulsi Pipe Road,
Dr Ambedkar Nagar, Prabhadevi (W),
Mumbai- 400013
Tel: 022-24390909
Email: cna@cmai.in
GSTIN – **27AAATT4357K1Z3**

Member's Name _____
Membership No _____   Valid up to _____
Sub: Complaint against _____ City_____ ₹ _____

Dear Sir,

With reference to the above, we would like to lodge a complaint against our client. We are hereby submitting the outstanding statement along with required cheques and supporting documents in **DUPLICATE (1 + 1).**
Attachments 1 to 6 are compulsory for processing the complaint by CMAI & need to be submitted in DUPLICATE. COMPLAINTS CANNOT BE PROCESSED IN ABSENCE OF THESE.

1	**Processing cheque favouring CMAI.***		☐
2	**Undated Cheque favouring CMAI for 1%+GST collection charges ***		☐
3	**Copy of letter /WhatsApp/Emails sent to the retailer demanding the outstanding dues.***		☐
4	**Copy of the Debtors Ledger Account.***		☐
5	**Copy of all Taxable Invoices outstanding.***		☐
6	**Copy of corresponding LRs, or other proof of Delivery.***		☐
7	**GST/VAT Certificate of Retailer from sites like https://services.gst.gov.in/services/quicklinks/searchtxp**		☐
8	INSTRUCTION MEMO FOR NOTICE U/s 138 OF N.I.ACT (in case of Cheque Bounce Case)		☐
9	Packing List (In cases of non-receipt of goods)		☐
10	Order Form (In cases of dispute where Buyer disputes wrong deliveries)		☐

Any other Documents:

_____

_____

We humbly request to look into this matter & do the needful.
Thanking you,

PLACE:
DATE   :   _____
                                                              (Stamp & Signature of the Member)

* Mandatory Field

PAYMENT DEFAULT COMPLAINT FORM

DETAILS OF COMPLAINANT

NAME & ADDRESS OF THE COMPANY :
(RUBBER STAMP)

BRAND NAME :

E-MAIL ID :

MEMBERSHIP NO. :

GST NO. :

NAME OF THE CONCERN PERSON :
(Proprietor/Partner/Director)

MOBILE NO. :

DETAILS OF BUYER

NAME & ADDRESS OF DEALER :
(With Pin code)

E-MAIL ID :

FULL NAME OF THE CONCERN PERSON :
(Proprietor/Partner/Director)

MOBILE NO* :

DEALING WITH THE DEALER SINCE :

PAYMENT TERMS AGREED TO :

TOTAL VALUE OF INVOICES ATTACHED (A) : ₹_____
(Copies of Invoices to be enclosed)

PROOF OF GOODS DESPATCHED :
(Copies of L/R or C/R to be attached to every Invoice)

VALUE OF GOODS RETURNED (B) : ₹_____
(If any)

AMOUNT RECEIVED (C) : ₹_____
(If any)

INTEREST CHARGED (D) : ₹_____
(As per term)

OTHER EXPENSES (E) : ₹_____

TOTAL OUTSTANDING RECEIVABLE AMOUNT : ₹_____
 (F) = (A) – (B) – (C) + (D) + (E)

 * Mandatory Field

DETAILS OF AGENT

NAME & ADDRESS OF AGENT/AGENCY NAME   :
(With Pin Code)

TELEPHONE NUMBERS   :

DEALING WITH THE AGENT SINCE   :

NAME, ADDRESS & TELEPHONE NUMBERS OF THREE (3)   :
MAUFACTURERS DEALING WITH DEALER & WITH AGENT

I _____ (Proprietor/Partner/Director) of M/s._____,
hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

I hereby confirm that I have not filed this complaint to any other Chambers of Commerce or Trade Association and also have not filed in any Court of Law.

I hereby enclose a cheque of ₹_____ in favour of CMAI, drawn on_____,
Cheque No._____ Dated: _____ for servicing / processing of this complaint

I shall pay recovery charges to CMAI @ (1% + GST) of the amount recovered on receipt of cheques/cash by me, for which I am enclosing Cheque No. _____ in favour of CMAI, drawn on _____, .

PLACE: _____
DATE :   **(Stamp & Signature of the Member)**

Note: 1 **Form and Supporting documents to be filled in duplicate (1+1).**
            2 **Need all supporting documents (1-7) to process the Complaint.**
            3. The Recovery Charges cheque will be deposited by CMAI on receipt of cheques/cash by the Complainant.

REMARKS / SUGGESTIONS/ NOTES:

Slabs	Basic Outstanding Amount.	Processing Fees In Rs
1	Upto Rs 50,000/=	590.00
2	Rs 50,001/= upto Rs 1,50,000/=	1,180.00
3	Rs 1,50,001 and above	2,950.00

* Mandatory Field

(On Company Letter)

TO   **DATE:**
Buyer's Name & Address

Dear Sir / Madam

<u>SUB – Outstanding Demand for Rs.   /-</u>

You are hereby requested to kindly immediately pay the outstanding Amount of
Rs, _____/- against _____ dated _____ including interest of
Rs. _____/-.

All disputes or differences arising out of or related to this Outstanding shall be
resolved under "**Mediation & Conciliation Rules of CMAI**"

Thanking You

Yours Sincerely

Your Company Name