

COMPLAINT FORM

The Registrar
The Conciliation & Arbitration Sub Committee of
The Clothing Manufacturers Association of India
901, Naman Midtown,
FP No. 616, Behind Kamgar Kala Kendra
Senapati Bapat Marg Tulsi Pipe Road,
Dr Ambedkar Nagar, Prabhadevi (W),
Mumbai- 400013
Tel: 022-44750909
Email: cna@cmαι.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 charges and supporting documents in duplicate (1 + 1).

I _____ (Proprietor/Partner/Director) of M/s. _____, hereby declare that the details furnished below 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 ANY LEGAL CASE IN ANY COURT OF LAW. I hereby agree to indemnify CMAI and its Officers and hold them harmless of any claims, expenses and other liabilities, Legal or otherwise due to CMAI proceeding with Conciliation and or Arbitration Process

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

PLACE:

DATE :

(Stamp & Signature of the Member)

DETAILS OF SELLER / COMPLAINANT

NAME & ADDRESS OF THE COMPANY :
(RUBBER STAMP)

BRAND NAME :

E-MAIL ID :

MEMBERSHIP NO. :

GST NO. OF SELLER / COMPLAINANT :

NAME OF THE CONCERN PERSON :

(Proprietor/Partner/Director/Authorised Representative)

MOBILE NO. :

DETAILS OF BUYER / DEFENDENT :

NAME & ADDRESS OF BUYER COMPANY :
(With Pin code)

E-MAIL ID :

GST NO. OF BUYER / DEFENDENT :

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

MOBILE NO. :

DEALING WITH DEALER SINCE :

PAYMENT TERM AGREED TO :

TOTAL VALUE OF ATTACHED ATTACHED (A) : ₹
(Copies of Invoices to be attached herewith)

VALUE OF GOODS RETURNED (IF ANY) (B) : ₹

AMOUNT RECEIVED (C) : ₹

INTEREST CHARGED (D) : ₹
(As per term – Calculation to be separately attached)

OTHER EXPENSES (E) : ₹

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

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 :

PLACE:

DATE :

(Stamp & Signature of the Member)

**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. | <input type="checkbox"/> |
| 2 | Collection Charges Cheque for 1%+GST collection charges favouring CMAI. | <input type="checkbox"/> |
| 3 | Copy of letter/WhatsApp/Emails sent to the <u>Buyer</u> demanding the Outstanding Dues. | <input type="checkbox"/> |
| 4 | Copy of the Debtors Ledger Account. | <input type="checkbox"/> |
| 5 | Copy of all Taxable Invoices outstanding and Credit Notes for Goods Return. | <input type="checkbox"/> |
| 6 | Copy of corresponding LRs, or other proof of Delivery. | <input type="checkbox"/> |
| 7 | GST/VAT Certificate of Retailer from sites like
https://services.gst.gov.in/services/quicklinks/searchtxp | <input type="checkbox"/> |
| 8 | Packing List (In cases of non-receipt of goods) | <input type="checkbox"/> |
| 9 | Order Form (In cases of dispute where Buyer disputes wrong deliveries) | <input type="checkbox"/> |

Any Other Documents:

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 _____.

- Note: **1 Form and Supporting documents to be filled in duplicate (1+1).**
2 Need all supporting documents (1-6) 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

PLACE :

DATE :

(Stamp & Signature of the Member)