

WAREHOUSING GRIEVANCE REGISTRATION FORM

(Separate form to be used for each complaint)

To,

Warehousing Grievance (Commodity Segment) Indian Clearing Corporation Ltd P J Towers, Dalal Street, Mumbai -400001, India Phone : 22721234 Email: <u>iccl.igrs@icclindia.com</u> <u>commodity.warehousing@icclindia.com</u>

| For Office Use Only | |
|---------------------|--|
| | |

Complaint No:

Received Date:

1. Details of Member/Participant lodging the complaint:

| City | Pin code | State |
|--------------------------------------|-------------|-------|
| Address (For correspondence) | | |
| Participant ID [Unique Client Code (| Mandatory)] | |
| Name of the complainant | | |

Contact details:

| Telephone no | |
|--------------|--|
| Mobile no | |
| Email id | |

| Is your complaint related to: | (Please tick) |
|-------------------------------|---------------|
| Warehouse | |
| Assaying | |
| Procedures | |
| Timelines | |

2. Nature of Complaint: (Please tick) A. Storage Related issues (Please tick) Warehouse Space (Other Deposit) Commodity Weight (Other Issue) Other Issue (Other Issue) B. Assaying Related Issues (Other Issue) Testing & Certification (Other Issue)



| Revalidation (If any) | |
|---------------------------|--|
| Quality | |
| Other Issue | |
| C. Service-Related Issues | |

Note: - For the above complaint, kindly mention brief details in Point No.4

3. Where the transaction was initiated

| A. Warehouse | Date- |
|--|-----------------|
| B. Assayer | Date- |
| C. BSE/ICCL | Date- |
| a. Clearing Member No./Trading Member No./Self Clearing Member No. | |
| b. Clearing Member Name/ Trading Member Name/ Self Clearing Member Name | |
| c. Transaction type | Purchase / Sale |
| d. Contract Type | Futures |
| e. Contract Month | |
| f. Transaction Date | |

4. Brief description of complaint (if any)

| 5. List of supporting documents (to be enclosed with this form) | (Please Tick) |
|---|---------------|
| Copy of Know Your Depositor (KYD) (MANDATORY IN CASE OF DEPOSITOR) | |
| Copy of Depositor Transaction Declaration (DTD) (MANDATORY IN CASE OF DEPOSITOR)) | |
| Copy of Commodity Acceptance Document /Commodity Inward Document | |
| Copy of Warehouse Receipt (Electronic)/Quality Certificate | |
| Copy of Weighment Slip | |
| Any other document in support of your complaint | |



6. Have you previously contacted about this issue? (Yes/No - if yes, please provide details)

I /we authorize the Warehouse Service Provider (WSP) / ICCL to undertake the desired due diligence and collect necessary information including collection of documents, samples etc. in order to facilitate evaluation and verification of the complaint, as the case may be.

I/we, the complainant, do hereby acknowledge that all the information provided in this grievance form are true to my/our knowledge, belief and understanding and no part of it, intentionally or otherwise, has been concealed and/or misrepresented thereof.

Place: _____ Date: _____

Complainant's Signature & Stamp

Note:

- 1. Please submit 2 sets of your complaint in the prescribed format with complete details OR send scanned copy by e-mail to ICCL at <u>iccl.igrs@icclindia.com</u> & <u>commodity.warehousing@icclindia.com</u>
- 2. Please insist on complaint reference number.
- 3. Ensure to quote your complaint reference number in the subject line in all your correspondence.
- 4. ICCL shall forward the complaint to the concerned WSP for timely resolution, if required.