COMPLAINT FORM

Date:

To,
The Complaint Redressal Officer
India International Depository IFSC Limited
306, 310 & 311, 3rd Floor,
Hiranandani Signature, GIFT SEZ,
GIFT City, Gandhinagar - 382 355

Name of complainant	:	
Address	:	
City	:	
Pin Code	:	
Tele. No.	:	
Mobile No.	:	
e-mail id	:	
BOID (Beneficial Owner ID)	:	
Complaint against	:	**IIDI / Depository Participant (DP)/ Vault Manager (VM)** **[strike out which is not applicable]**
Name of DP / VM (if applicable)	:	
Address of DP / VM (if applicable)	:	

Brief description of the complaint (separate sheet may be attached, if required):

Yours faithfully,

(Signature of the Complainant)
Name:
Designation:
Company Name:

Notes:

1. All the details in the complaint form must be filled in.
2. This form must be signed and stamped by authorised person.
3. In case of complaint against Depository Participant (DP) or Vault Managers (VM) registered with IIDI, please contact the relevant DP or VM first to resolve the dispute.
4. In case of appeal against the resolution provided by DP or VM, please fill this complaint form and send it with all relevant supporting documents to the Complaint Redressal Officer of IIDI.
5. Complaints not accompanied by the relevant supporting documents, as mentioned above, may not be accepted and processed.