

The Secretary
The Conciliation & Arbitration Sub Committee of
The Clothing Manufacturers Association of India
503, 5th Floor, Rajnigandha Appartment,
Prof. V.S.Aghashe Marg, Bhawani Shankar Cross Road,
Dadar (W), Mumbai - 400 028.
Tel: 022-24382818/19 Email: dadar@cmai.in
GSTIN – **27AAATT4357K1Z3**

Member's Name _____ Membership No _____

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 alongwith related documents (Order form, Invoice, Packing list & L/R, Ledger, Written Demand Communication etc).

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

Thanking you,

PLACE:

DATE :

(Stamp & Signature of the Member)

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 DEFAULTER

NAME & ADDRESS OF DEALER :
(With Pin code)

E-MAIL ID :

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

MOBILE NO. :

DEALING WITH THE DEALER SINCE :

PAYMENT TERMS AGREED TO :
VALUE OF INVOICES :
(Copies of Invoices to be enclosed)
PROOF OF GOODS DESPATCHED :
(Copies of L/R or C/R to be enclosed)
VALUE OF GOODS RETURNED :
(If any)
AMOUNT RECEIVED :
(If any)
INTEREST CHARGED :
(As per term)
OTHER EXPENSES :
AMOUNT TOWARDS 'C' FORM PENDING :
(Details Enclosed)
TOTAL RECEIVABLE AMOUNT :

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 ₹590/- in favour of CMAI, drawn on _____,
Cheque No. _____ Dated: _____

I shall pay (1% + GST) of the settlement amount received by me to CMAI as recovery charges.

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

Note: 1 To be filled in duplicate.
2 Need all supporting documents to process with self attested.

REMARKS / SUGGESTIONS/ NOTES: