



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 :

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

PROOF OF GOODS DESPATCHED : _____
 (Copies of L/R or C/R to be enclosed)

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)

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 (1% + GST) of the settlement amount received by me to CMAI as recovery charges 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.
 2 Need all supporting documents to process with self attested.

REMARKS / SUGGESTIONS/ NOTES:

For Online Download Visit Our Website - www.cmai.in

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