

The Secretary  
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: 022-24390909  
Email: [cna@cmai.in](mailto:cna@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 along with required cheques and supporting documents in triplicate (1 + 2).

- |    |  |                          |
|----|--|--------------------------|
| 1  | Processing cheque favouring CMAI.  | <input type="checkbox"/> |
| 2  | Cheque for 1%+GST collection charges favouring CMAI.   | <input type="checkbox"/> |
| 3  | Copy of letter/WhatsApp/Emails sent to the retailer demanding the outstanding dues.  | <input type="checkbox"/> |
| 4  | Copy of the Debtors Ledger Account.  | <input type="checkbox"/> |
| 5  | Copy of all invoices outstanding.  | <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<br><a href="https://services.gst.gov.in/services/quicklinks/searchtxp">https://services.gst.gov.in/services/quicklinks/searchtxp</a> | <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"/> |
| 10 | All Documents (3 – 7) submitted in Triplicate  | <input type="checkbox"/> |

Any other Documents:

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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 triplicate(1+2).

2 Need all supporting documents to process with self attested.

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