



# Indian Commodity Exchange Limited

## Client Complaint Form (CCF)

(Complaint against Member of ICEX)

*(To be submitted in duplicate)*

### Complaint Registration Form

Date:

To

Investor Grievance Department,  
**Indian Commodity Exchange Ltd**  
Reliable Tech Park, 403-A, B-Wing, 4th Floor,  
Thane-Belapur Road, Airoli (E), Navi Mumbai - 400708, India.  
Tel.No:+91-22-40381500 | Fax No:+91-22-40381511

#### 1. General Information

##### A. Personal details:

a) Name of the complainant:	
b) Address of correspondence:	

##### B. Bank Details

a) Account number	
b) Types of Account	
c) Bank Name	
d) Branch	



**2. Complaint against ( Tick Appropriate)**

<b>Trading Member</b>	<b>Authorised Person</b>
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**3. Details of Trading Member/Authorised Person against whom you intend to complaint**

a. Name of the Trading Member/ Authorised Person :	
b. SEBI Registration Number/ AP Code :	
c. Address of the Branch :	
d. Contact Person name :	
e. Contact person number :	
f. Landline Phone/Fax:	

**4. Nature of Complaint: (please tick relevant box)**

Non-Issuance of the Documents by the Trading Member	
Non-receipt of credit balance/funds	
Close out / Square up of positions without intimation	
Trades without authorization /consent	
Margin related	
Non receipt of acknowledgement	
Delivery related, if any	
Others, Specify	

**5. Mode of trading ( Please Tick)**

Internet	Over phone	Others
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**6. Client Code given by the member (UCC details)**

**7. Total value of Claim (Provide/attach the statement of calculation): Rs. \_\_\_\_\_**

**8. List of documents enclosed with the Complaint: (Yes/No)**



Contract Notes	
Bills	
Daily MTM settlement	
Statement of account	
Copy of ledger	
Any other document in support of your claim	

**9. Details of Complaints taken up with Trading Member/Authorised Person:**

- a. Date of last trade/transaction through member:
- b. Date on which complaint taken up with trading member/ Authorised Person:
- c. No. of copies of correspondence with the member enclosed:

**10. Additional information (if any):**

Place: \_\_\_\_\_

Date: \_\_\_\_\_