

## ***Multi Commodity Exchange of India Limited***

### **Guidelines for filling the client complaint form.**

1. Please tick wherever applicable.
2. Complaints in respect of deals executed on the Exchange through a member of MCX would only be taken up for redressal by the Exchange.
3. Fill up appropriate Annexure 1 & 2 along with the complaint form and ensure to attach all relevant documents/enclosures.
4. Please furnish only photocopies of documents. Originals are not required to be submitted with the complaint form.
5. Claim amount should also include value of future contract on commodities claimed.
6. Incomplete forms or complaints not supported with necessary details/documents will not be processed and will be returned to the complainant.
7. In case any documents can not be furnished, please specify the reason for the same.
8. In case of subsequent correspondence, kindly quote date and reference number of the letter sent by the Exchange.
9. All complaints are required to be lodged with the Exchange within 1 month from the date when the dispute arose or deemed to have arisen.

### **List of enclosures required to be attached with complaint form:**

1. Copies of contract note or sale/purchase note and bills issued by member pertaining to the transaction under dispute.
2. Copy of proof of delivery (for commodity delivered by the complainant) - If the complaint pertains to transactions related to delivery.
3. Copy of proof of payment.
4. Copy of ledger accounts / statement of account.
5. Copies of bank statements showing details of payment, date, amount, etc. issued by you in favour of the member.
6. Copies of letters/correspondence written to and reply if any, received from the member in respect of your complaint.
7. Any other relevant documents.

### **All Complaints must be addressed to the following address :**

Investor Grievance Division,  
Multi Commodity Exchange of India Limited,  
Exchange Square, CTS No 255,  
Suren Road, Chakala,  
Andheri (East),  
Mumbai – 400 093.  
Tel No. 91-22-6731 8888



# Multi Commodity Exchange of India Limited

## Client Complaint Form (Complaints against Members of MCX)

(To be submitted in duplicate)

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

To  
Investor Grievance Division,  
Multi Commodity Exchange of India Limited,  
Exchange Square,  
CTS No. 255,  
Suren Road, Chakala,  
Andheri (East),  
Mumbai – 400 093

FOR OFFICE USE ONLY

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

Complaint No.: \_\_\_\_\_

| Reason for complaint                                                                       | Tick the applicable |
|--------------------------------------------------------------------------------------------|---------------------|
| 1. Non-receipt of margin/security deposit given to the member                              |                     |
| 2. Execution of trades without consent of client                                           |                     |
| 3. Non-receipt of funds after sale of commodity on a settlement of a contract              |                     |
| 4. Non receipt of commodity after purchase on a settlement of a contract                   |                     |
| 5. Non-receipt of credit balance as per the statement of account                           |                     |
| 6. Non-issuance of documents (Contract notes, bills, statement of account, agreement copy) |                     |
| 7. Others                                                                                  |                     |

Details of claim amount :

Total claim amount :

In figures Rs. \_\_\_\_\_

In words Rupees \_\_\_\_\_

Client code allotted by the Member: \_\_\_\_\_

### Details of Client lodging the complaint

|                                                              |            |
|--------------------------------------------------------------|------------|
| Name of the client                                           | Mr. / Ms.: |
| Address for correspondence<br>(Please give complete address) |            |
|                                                              |            |
|                                                              |            |
| District / City                                              |            |
| PIN Code                                                     |            |
| State                                                        |            |
| Email ID                                                     |            |
| Telephone No. with STD code                                  |            |
| Mobile No.                                                   |            |
| Fax No.                                                      |            |



**Details of Member**

|                                                         |           |
|---------------------------------------------------------|-----------|
| Member ID                                               |           |
| FMC UMC No.                                             |           |
| Name of the Member                                      | Mr. / Ms: |
| Address of the branch from where the trade was executed |           |
|                                                         |           |
|                                                         |           |
| District / City                                         |           |
| PIN Code                                                |           |
| State                                                   |           |

**If you are trading through a authorized person of a member provide the below details**

**Details of authorized person**

|                                                         |           |
|---------------------------------------------------------|-----------|
| User ID of authorized person                            |           |
| Name of authorized person                               | Mr. / Ms: |
| Address of the branch from where the trade was executed |           |
|                                                         |           |
|                                                         |           |
| District / City                                         |           |
| PIN Code                                                |           |
| State                                                   |           |

**Mode of trading:** 1.Internet  2. Non-internet  3. Others

**Brief details of your complaint (attached additional sheet if required)**

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**Enclosures**

As required, I enclose the following,

| Particulars                         | Tick as is applicable |
|-------------------------------------|-----------------------|
| 1. Annexure 1                       |                       |
| 2. Annexure 2                       |                       |
| 4 Enclosure as ticked in Annexure 2 |                       |

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

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

\_\_\_\_\_  
**Signature of the complainant**

**Annexure 1**

**Additional Important Information to be given by the client**

|                                                                                                                |                     |                          |
|----------------------------------------------------------------------------------------------------------------|---------------------|--------------------------|
| 1. Have you executed a member-client agreement with the member?                                                | Yes/No              |                          |
| 2. Do you have a copy of the said agreement?                                                                   | Yes/No              |                          |
| 3. Date on which the agreement was executed?                                                                   |                     |                          |
| 4. Have you filled in the KYC form ?                                                                           | Yes/No              |                          |
| 5. Do you have a copy of the KYC form?                                                                         | Yes/No              |                          |
| 6. Do you receive contract notes from the member or his authorized person regularly?                           | Yes/No              |                          |
| 7. In what mode you receive them? (Please tick the applicable)                                                 | Hard copy by post   | <input type="checkbox"/> |
|                                                                                                                | Soft copy by e-mail | <input type="checkbox"/> |
| 8. Do you receive MTM statement on daily basis?                                                                | Yes/No              |                          |
| 9. Do you receive quarterly statement of account ?                                                             | Yes/No              | <input type="checkbox"/> |
| 10. In what mode you receive them? (Please tick the applicable)                                                | Hard copy by post   | <input type="checkbox"/> |
|                                                                                                                | Soft copy by e-mail | <input type="checkbox"/> |
| 11. Have you authorized /given power of attorney to any other person to execute trades in your account ?       | Yes/No              |                          |
| 12. Have the commodity/funds claimed by you delivered/paid by you on your own or on behalf of a third person ? | Own/Third person    |                          |
| 13. What is your relationship with the third person?                                                           |                     |                          |
| 14. Did you correspond with the member regarding your dispute?                                                 | Yes/No              |                          |
| 15. Have you attached copies of correspondence with the member?                                                | Yes/No              |                          |
| 16. Do you have any other arrangement with the member?                                                         | Yes/No              |                          |

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

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

\_\_\_\_\_  
**Signature of the complainant**

**Annexure 2**

| <b>Checklist</b>                             |                     |                       |
|----------------------------------------------|---------------------|-----------------------|
| <b>Essential</b>                             | <b>No. of pages</b> | <b>Enclosed (Y/N)</b> |
| 1. Annexure 1                                |                     |                       |
| 2. KYC Form                                  |                     |                       |
| 3. Member - constituent agreement            |                     |                       |
| 4. Contract notes                            |                     |                       |
| 5. Bills                                     |                     |                       |
| 6. Daily MTM statement                       |                     |                       |
| 7. Passbook/statement copy                   |                     |                       |
| 8. Delivery slip                             |                     |                       |
| 9. Demat transaction statement               |                     |                       |
| 10. Statement of account given by the member |                     |                       |
| 11. Demat holding statement, if any ?        |                     |                       |
| <b>Others (if any give details )</b>         |                     |                       |
| 1.                                           |                     |                       |
| 2.                                           |                     |                       |
| 3.                                           |                     |                       |
| 4.                                           |                     |                       |
| 5.                                           |                     |                       |

**Note:** In case you do not have the relevant documents specify the reason for it below :

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

\_\_\_\_\_  
**Signature of the complainant**

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