

**FORM I**

(See sub-rule (1) of Rule 3)

1	Name of the Complainant : (with membership number, if member of the Institute of Company Secretaries of India)	..... ..... .....
2	Name of the member/firm against whom complaint is being made : (with membership number/registration number of the firm, if known)	..... ..... ACS/FCS No. ....
3	Latest address, e-mail address, mobile number and landline number of the complainant for communication	..... ..... ..... Pin Code:.....  E-mail .....
4	Last available professional address, e-mail address, mobile number and landline number of the Member or the firm against whom the complaint is made	..... ..... ..... Pin Code:.....  E-mail .....
5	Particulars of allegation(s) serially numbered together with corresponding clause/part of the relevant Schedule(s), or  Particulars of allegation(s) serially numbered together with clause/part of the relevant schedule under which the alleged acts of commission or omission or both would fall	1. .... 2. .... 3. .... 4. .... 5. ....
6	Particulars of evidence(s) adduced in support of the allegations(s) made	
7	Name(s) of person who have knowledge of the facts of the case	

Date:

Place:

Signature of the Complainant

VERIFICATION

I,....., the Complainant, do hereby declare that what is stated above is true to the best of my information and belief .

Verified today the .....day of.....20.....at.....

Date:

Place:

Signature of the Complainant

**Note:** Please enclose any relevant proof of identity and address:

*Aadhaar Card/Voter Election Card/Passport/Driving License*