## FORM 'M'

[See rule 37(1)]

## COMPLAINT TO REGULATORY AUTHORITY

## Complaint under section 31 of the Act

For use of Regulatory Authority(s) office:
Date of filing:
Date of receipt by post:
Complaint No.:
Signature:
Registrar:
IN THE REGULATORY AUTHORITIES OFFICE (Name of place)
Between
Complainant(s)
And

	Pagnondant(s) Datails of					
	Respondent(s) Details of claim:					
1.	Particulars of the complainant(s): (i) Name of the complainant: (ii) Address of the existing office / residence of the complainant: (iii) Address for service of all notices:					
2.	Particulars of the respondents: (i) Name(s) of respondent: (ii) Office address of the respondent:					
	(iii) Address for service of all notices:					
3.	Jurisdiction of the regulatory authority:					
	The complainant declares that the subject matter of the claim falls within the jurisdiction of the regulatory authority.					
4.	Facts of the case:					
	[give a concise statement of facts and grounds for complaint]					
5.	Relief(s) sought:					
	In view of the facts mentioned in paragraph 4 above, the complainant prays for the following relief(s)					
	[Specify below the relief(s) claimed explaining the grounds of relief(s) and the legal provisions (if any) relied upon]					
6.	Interim order, if prayed for:					

Pending final decision on the complaint the complainant seeks issue of the following interim order:

[Give here the nature of the interim order prayed for with reasons]

7. Complain not pending with any other court, etc.:

The complainant further declares that the matter regarding which this complaint has been made is not pending before any court of law or any other authority or any other tribunal(s).

- 8. Particulars of bank draft in respect of the fee in terms of sub-rule (1) of rule 37:
  - (i) Amount
  - (ii) Name of the bank on which drawn
  - (iii) Demand draft number
- 9. List of enclosures:

[Specify the details of enclosures with the complaint]

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I (name in full block letters complainant do hereby verify that the care true to my personal knowledge as suppressed any material fact(s).	
Place:	
Date:	
\$	Signature of the complainant(s)