

INVESTOR COMPLAINT FORM

Name: _____	Date: ____ / ____ / ____
Mobile: _____	Email: _____
Folio / Client Code: _____	Segment: ☐ Mutual Fund ☐ SIF

Nature of the complaint (tick all that apply)

☐ Transaction not processed	☐ Wrong scheme or amount applied
☐ Delay in redemption or payout	☐ Statement or CAS not received
☐ Scheme sold without explaining risk	☐ Commission or charges not disclosed
☐ Risk profile not taken before advice	☐ Assured or guaranteed return promised
☐ Nomination not registered	☐ Personal data misused or shared (DPDPA)
☐ Staff conduct or misbehaviour	☐ Other (describe below)

Details of the complaint

Declaration. The information given above is true to the best of my knowledge. I consent to my details being shared with the concerned Asset Management Company, Registrar and Transfer Agent and regulatory authority to the extent needed to resolve this complaint. I understand that my complaint will be acknowledged within 3 working days and resolved within 15 working days, and that I may escalate the matter to the Asset Management Company, then to SEBI SCORES and thereafter to SMART ODR if I am not satisfied.

Signature of Investor	Date: ____ / ____ / ____
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For office use

Received on: _____	Ack. sent on: _____	Closed on: _____	Register entry no.: _____
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Submit to: Animesh Maheshwari, Karta — Grievance Redressal Officer

9782001146 · insurance.maheshwari@gmail.com

SEBI SCORES <https://scores.sebi.gov.in/> · SMART ODR <https://smartodr.in/>