



PAYMENT DEFAULT COMPLAINT FORM

DETAILS OF COMPLAINANT

Name & Address of the Company :
(Rubber Stamp)

Tel. No. :

Fax No. :

E-mail Address :

Name of the Proprietor / Partners / Directors :

Membership No. :

DETAILS OF DEFAULTER

Name of the Dealer :

Name of the Proprietor / Partners / Directors :

Address of the Dealer (with Pincode) :

Order Form No.& Date :
(Copy of Order Form to be enclosed)

Payment Terms agreed to :

Value of Invoices :
(Copies of Invoices to be enclosed)

Proof of Goods Despatched :
(Copies of L/R or C/R to be enclosed)

THE CLOTHING MANUFACTURERS ASSOCIATION OF INDIA

902, Mahalaxmi Chambers, 22 Bhulabhai Desai Road, Mumbai – 400 026

Tel : +22-2353 8245, 2353 8986, 2352 5168 • Fax : +22-2351 5908

Email : cmai@hathway.com, cmai@vsnl.com • Website : www.cmai.in

Bangalore • New Delhi • Pune



Value of Goods Returned (if any) :
(Copies of L/R to be enclosed)

Amount Received (if any) :
(as on Date of Complaint)

Interest :

Any other Expenses :

Total Amount :

Name of the Agent with Address & Tel. No. :

Since how long you have been dealing with the Dealer?:

Details of Correspondence with the Dealer :
(Copies to be enclosed)

Name, Address & Tel.No. of other Manufacturers :
dealing with the Dealer

Place:

Date:

Signature with Designation

**NOTE : 1. Complaint will not be accepted without Copies of Order Form, Invoices, L.R.
& Correspondence
2. To be filled in Duplicate**

REMARKS / SUGGESTIONS / NOTES :