

**APPLICATION TO COMPANY BY CUSTOMER FOR REDRESSAL OF
GRIEVANCE**

(All fields are mandatory)

Date:

To,

[Address of Firm and In-charge]

1. NAME OF THE CUSTOMER _____

2. FULL ADDRESS OF THE CUSTOMER (With Email ID and Mobile No.) _____

3. Spiritzone's Registered Email ID _____

4. DETAILS OF THE GRIEVANCE _____

5. DATE OF ORIGINAL INTIMATION OF GRIEVANCE BY THE CUSTOMER TO CUSTOMER SUPPORT _____

6. REMEDY PROVIDED BY CUSTOMER SUPPORT, IF ANY _____

(If remedy has been provided, please enclose relevant communication from the Customer Care Centre)

7. LIST OF DOCUMENTS ENCLOSED _____

(Please enclose copies of any relevant documents which support the facts giving rise to the Grievance)

DECLARATION

a. I/ We, the customer's herein declare that:

- i. The information furnished hereinabove is true and correct; and
- ii. I/We have not concealed or misrepresented any fact stated hereinabove and the documents submitted herewith.

b. The present Grievance has been intimated to Committee in the prescribed form and manner prescribed by the Company and I/We am/are not satisfied by the remedy provided by Customer Support

OR

No remedy was provided within a period of (__) days/weeks/months from the date of original intimation.

c. The subject matter of the present Grievance has never been submitted to the Company by me or by any one of us or by any of the parties concerned with the subject matter to the best of my/our knowledge.

d. The subject matter of my/our Grievance has not been settled by the Company/ Customer Support in any previous proceedings.

- e. The subject matter of my/our Grievance has not been decided by any competent authority/court/arbitrator and is not pending before any such authority/court/arbitrator.

(Signature)

Customer's name in Block Letters

NOMINATION

If the customer wants to nominate his representative to appear and make submissions on his behalf before the Customers Grievance Redressal Committee the following declaration should be submitted:

I/We the above named customer hereby nominate Shri/Smt _____ who is not an Advocate and whose address is as my/our REPRESENTATIVE in the proceedings and confirm that any statement, acceptance or rejection made by him/her shall be binding on me/us.

He/ She has signed below in my presence. ACCEPTED

(Signature of Representative)

(Signature of Customer)