

Kerala Co-operative Ombudsman

Kerala Co-operative Ombudsman Office, Jawahar Sahakarana Bhavan, 9th

Floor, DPI Junction

Thiruvananthapuram - 14

(Office use only)

Complaint No.....

1.	Name and address of the complainant with pincode	
2.	Name and full address of the society against which complaint is made with pincode	
3.	Full details of the complaint (If space is not sufficient, please enclose separate sheet)	
4.	Nature of the relief sought for and amount of compensation	
5.	Properties of the society from which monetary compensation claimed can be realized (give details of properties)	
6.	Other particulars	
7.	List of documents enclosed (3 copies shall be enclosed duly signed by the complainant)	
8.	Name and present address (within pincode) of persons to whom notices and further correspondences are to be made (complainant or representative)	

DECLARATION

I/ We, the complainant (s) hereby declare that:

- a) The information furnished above is true and correct; and
- b) I /We have not concealed or misrepresented any fact stated in this complaint and the documents submitted herewith.
- c) I /We have noted the contents of the Kerala Co-operative Ombudsman Scheme, 2010.

Place:

Date :

Signature of complainant/(s)

Nomination

(Score if not applicable)

I/We, the above named complainant(s) here by nominee Sri/Smt..... whose address is (give full addresses with pincode) as my/our REPRESENTATIVE in all the proceedings of this complaint and confirm that any statement, acceptance or rejection made by him/her shall be binding on me/us. I/We also agree to sent notice and other proceedings of the Ombudsman/ Ombudsmen to the person item No. 8 in the form of complaint. He/She has signed below in my presence.

Accepted.....

Signature of the representative.....

Place:

Date:

Challan worth Rs.50/- (Fifty rupees only) under the head of account 0425-00-501-91 must be attached along with this application. Application may be rejected without challan.