

## FORM I

[See sub-rule (1) of Rule 3]

|    |  |   |
|----|--|---|
| 1. | Name of the Complainant: (with membership number, if member of Institute of Cost and Works Accountants of India)   | .....<br>.....                                      |
| 2. | Name of the member/firm against whom complaint is being made: (with membership number/registration number of the firm, if known)   | .....<br>.....                                      |
| 3. | Latest address of the complainant for communication  | .....<br>.....<br>Pin Code: .....                   |
| 4. | Last available professional address of the member or the firm against whom the complaint is made   | .....<br>.....<br>Pin Code: .....                   |
| 5. | Particulars of allegation(s) serially numbered together with corresponding clause/part of the relevant Schedule(s), or<br>Particulars of allegation(s) serially numbered together with clause/part of the relevant Schedule(s) under which the alleged acts of commission or omission or both would fall | 1. ....<br>2. ....<br>3. ....<br>4. ....<br>5. .... |
| 6. | Particulars of evidence(s) adduced in support of the allegation(s) made  | .....<br>.....                                      |
| 7. | Name(s) of person who have knowledge of the facts of the case  | .....<br>.....                                      |

Date :

Place:

Signature of the Complainant

### Verification

I, ....., the Complainant, do hereby declare that what is stated above is true to the best of my information and belief.

Verified today the.....day of.....20.....at.....

Date:

Place:

Signature of the Complainant