

**CUSTOMER REQUEST / COMPLAINT FORM**

Date : \_\_\_\_\_ Time In : \_\_\_\_\_ S. No. : \_\_\_\_\_

*(To be filled by the Consumer)*

Name : \_\_\_\_\_ New K-No : \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_

Purpose of Visit: (Please tick (✓) against the right option)

- Complaint                       Follow-Up                       Other
- Request made for
  - New Connection                       Change in Load                       Change of name                       Other

Ramarks (optional) \_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

*(For Office Use Only)*

Complaint / Request No. \_\_\_\_\_

Complaint / Request type \_\_\_\_\_ Sub type \_\_\_\_\_

• Documents submitted : (Please tick (✓) against the Document type)

- Application Form with annexure                       Bill / Receipt Copy                       Bank Statement
- Other Applications                       Letters                       Others (please specify)

Ramarks: \_\_\_\_\_

Sent on: \_\_\_\_\_ Sent by: \_\_\_\_\_ Sent to : BM / AMF / AMPS / CD

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Ramarks: \_\_\_\_\_

Closed on: \_\_\_\_\_

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*(Customer's Copy)*

Date: \_\_\_\_\_ S. No. : \_\_\_\_\_ Complaint / Request No. : \_\_\_\_\_

Expected Closure Date: \_\_\_\_\_

(Authorised Signatory)

Ramarks: For follow up, please quote your Complaint / Request No.

Name:

Designation:

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