

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: _____

(Customer's Copy)

Date: _____ S. No. : _____ Complaint / Request No. : _____

Expected Closure Date: _____

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

(Authorised Signatory)
Name:
Designation:

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