

FORM I

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

1.	Name of the Complainant: (with membership number, if member of Institute of Chartered Accountants of India)
2.	Name of the member/firm against whom complaint is being made: (with membership number/registration number of the firm, if known)
3.	Latest address of the complainant for communication Pin Code:
4.	Last available professional address of the Member or the firm against whom the complaint is made Pin Code:
5.	Particulars of allegation(s) serially numbered together with corresponding clause/part of the relevant Schedule(s), or 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. 2. 3. 4. 5.
6.	Particulars of evidence(s) adduced in support of the allegation(s) made
7.	Name(s) of person who have knowledge of the facts of the case

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