

To,  
**Audit Department**  
**Central Depository Services (India) Limited**  
**16<sup>th</sup> Floor, Phiroze Jeejeeboy Towers**  
**Dalal Street, Fort**  
**Mumbai - 400 001**

DATE: \_\_\_\_\_

**BO GRIEVANCE REPORT**

DP NAME : \_\_\_\_\_

DP ID : \_\_\_\_\_

BO GRIEVANCE REPORT FOR THE MONTH OF _____						
Sr. No.	Nature of complaint	Pending at the beginning of the month (No. of cases)	No. of cases RECEIVED during the month	No. of cases RESOLVED during the month	No. of cases PENDING at the end of the month	No. of cases PENDING for more than 30 days
1	Demat					
2	Remat					
3	Wrong transfer					
4	Non-receipt of Transaction Statement					
5	Non-execution of instruction					
6	Account Opening / modification					
7	Account closure					
8	Auction					
9	Pledge					
10	Others					
	<b>TOTAL</b>					

**Details of complaints pending for more than 30 days**

Sr. No	Nature of complaint	BO ID	Date of receipt of complaint	Steps taken for redressal	Reason for pendency
1					
2					

\_\_\_\_\_  
**Compliance Officer**  
**(Name and signature)**