Annexure "C"

CUSTOMER CARE ____ WARD (FORM FOR CONSUMERS COMPLAINT)

		Date :
IGR Cell	t. Adm. Manager, I, Customer Care Ward, ndertaking,	
1) Consu	ımer's name :	Tel No
2) Addre	ess (Electric Supply/Correspor	ndence)
		Bldg. name Mumbai
3) Bill N	o Meter No.	Nearest St. Ltg. Pole No
(Attach s	separate sheet, if required)	
		Yours faithfully,
		(Consumer's name in Block letters)
Encl.: 1 2 3 4 5))	(P.T.O.)

· ·	ts to nominate his representative to appear and EST Undertaking the following declaration should
I/We the above named Consumer hereby nomwho is not an Advocate and whose address is	
	v/our REPRESENTATIVE in the proceedings and
confirm that any statement, acceptance or rej He/She has signed below in my presence.	jection made by him/her shall be binding on me/us.
(Signature of Representative)	(Signature of Consumer)
Makila Na	, 6
Mobile No	
