

Annexure C**APPLICATION FOR CLAIMING COMPENSATION AMOUNT BY THE AFFECTED CONSUMER****Name of Distribution Licensee:**

(i)	Name of the Consumer*	
(ii)	CA number*	
(iii)	Address*	
(iv)	Mobile Number*	
(v)	Nature of complaint in brief*	
(vi)	Complaint Number	
(vii)	Date and time of Registration of complaint	
(viii)	Date and time the complaint was attended to by the Licensee	
(ix)	Standard time within which the complaint is to be attended to as per Standards of Performance Regulations	
(x)	Actual Time taken to attend to the complaint	
(xi)	Compensation claimed as per Standards of Performance Regulations	

Note:-* Mandatory fields.

Date:

Place:

Signature

List of documents enclosed