PivotalFlow Financial

INVESTOR COMPLAINT FORM

AMFI REGISTERED MUTUAL FUND & SPECIALISED INVESTMENT FUND DISTRIBUTOR

PIVOTALFLOW FINANCIAL **ARN: 54387**

A. COMPLAINANT DETAILS

All Fields Mandatory

INVESTOR NAME		**PAN**	
FOLIO / CLIENT CODE		**MOBILE NUMBER**	
EMAIL ADDRESS		**DATE OF BIRTH / INC.**	DD / MM / YYYY
ADDRESS			

B. SEGMENT TO WHICH THE COMPLAINT RELATES

Tick One

☐ Mutual Fund ☐ Specialised Investment Fund ☐ Portfolio Management Services ☐ Alternative Investment Fund

C. COMPLAINT DETAILS

DATE OF OCCURRENCE	DD / MM / YYYY	**DATE OF SUBMISSION**	DD / MM / YYYY
SCHEME / PRODUCT		**AMC / ISSUER NAME**	
TRANSACTION / REF NO.		**AMOUNT INVOLVED (INR)**	₹

D. NATURE OF COMPLAINT

Tick All That Apply

☐ Transaction not executed ☐ Transaction delayed ☐ Incorrect scheme or amount
☐ Redemption / payout not received ☐ Account statement not received ☐ KYC or folio updation issue
☐ Mis-selling / unsuitable scheme ☐ Commission, charges or fees ☐ Conduct or service of staff
☐ Personal data or privacy (DPDPA) ☐ Nomination not recorded ☐ Other (specify below)

If Other, please specify: _____

E. DESCRIPTION OF COMPLAINT

State The Facts In Sequence

F. DOCUMENTS ATTACHED

Tick All That Apply

☐ Transaction Slip ☐ Screenshot / System Error ☐ Email Correspondence
☐ Account Statement / CAS ☐ AMC / Issuer Letter ☐ Other: _____

G. DECLARATION & CONSENT

1. I confirm that the information furnished above is true, complete and correct to the best of my knowledge and belief[span_0](start_span)[span_0](end_span).
2. I consent to PivotalFlow Financial sharing the details of this complaint and accompanying documents with the concerned Asset Management Company, its Registrar and Transfer Agent, and transaction platforms to the extent needed to resolve the matter[span_1](start_span)[span_1](end_span).
3. I note that this complaint will be acknowledged within **3 working days** and resolved within **15 working days**[span_2](start_span)[span_2](end_span).

INVESTOR SIGNATURE _____ **DATE** DD / MM / YYYY

FOR OFFICE USE ONLY

Complaint Ref. No.		**Mode of Receipt**	[ ] Email [ ] Physical [ ] Portal
Received On	DD / MM / YYYY	**Acknowledged On**	DD / MM / YYYY
Recorded By		**Grievance Officer**	

SUBMISSION: Submit this form at the office of PivotalFlow Financial, e-mail to *grievance@pivotalflow.com*, or contact client desk[span_3](start_span)[span_3](end_span).
ESCALATION MATRIX: Retain a copy and acknowledgment[span_4](start_span)[span_4](end_span). If not satisfied with our resolution, you may approach: (1) Concerned AMC / RTA; (2) SEBI SCORES portal at *https://scores.sebi.gov.in/*; (3) SEBI SMART ODR portal at *https://smartodr.in/*[span_5](start_span)[span_5](end_span).