Trade Dispute Complaint Performa

1. Name of the complainant (exporter/ importer)
   Designation
   Address
   Phone # ______ Fax # ______ E-mail ______

2. Respondent (exporter/ importer)
   Name
   Address
   Phone # ______ Fax # ______ E-mail ______

3. Nature and amount of Complaint

4. Date of Receipt of Complaint

5. Relevant documents:
   a) Sales Contract No. __________ date __________
      Contract Value
      Description of goods
      Terms & Conditions
   b) Terms of Payment / Letter of Credit No.
      Date __________ Value __________
      Name of Bank
      Terms & Conditions
      Any specific obligations
   c) Commercial Invoice No. __________ Date __________
      Terms and Conditions
   d) B/L AWB No. __________ Date __________
      Shipping Co.
      FOB VALUE : __________ C&F VALUE :
   e) Survey Report by Internationally recognized Inspection Agency:
      Name __________________________
      Address __________________________
      Phone # __________________________ fax: __________________________ e-mail: __________________________
      By whom authorized (importer/ exporter):
      Findings of inspection firm:
   f) Summary of the Dispute by the forwarding organization Trade Officer / TDAP Office / Trade Body:
      __________________________________________
      __________________________________________
      __________________________________________
      __________________________________________
      __________________________________________
      __________________________________________
      __________________________________________
      __________________________________________
      __________________________________________
      __________________________________________
g) Any Specific proposals by the complainant:


h) Details of the post Dispute Correspondence to be attached:


i) Brief analyses of the case by the forwarding organization. This section demands that the genuineness of the complaint be verified & confirmed by the Trade Officer/ Trade Body:


Name & Signature of concerned of trade officer / TDAP office/ Trade Body

Section to be filled in by TDRO

Complaint No: _________ Date of Receipt ______________

Progress: proposed action to be taken:


Action Taken: ______________________


