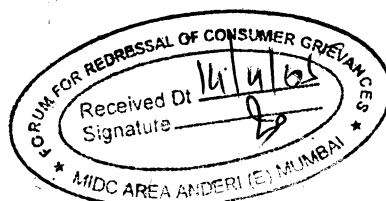


3/2005

Forum for Redressal of Consumer Grievances.

1. Name of the Applicant: - (IN BLOCK LETTERS) : LAXMI MANNAN PANDAY
2. Consumer No./Application No. : K11627035
3. Division/Zone : _____
4. Nature of Complaint (Excess billing, Supplementary bills, Tariff change Vigilance charges) : SUPPLEMENTARY BILLS
5. Complaint No. & Date. : ~~8081470~~ 000549 / 15/3/03
6. Disputed Amount. : _____
7. Is the Amount charged U/s 126 of Electricity Act.(i.e for unauthorized use of Electricity Or Theft of Electricity.) : _____
8. Date of registering of Complaint with REL and with Name & Designation of the concerned Officer: : 15/3/03 MR S. R. THENGODKAR
Manager (TECH) vigilance dept.
9. Action taken up by REL in mitigating the Grievance : ~~None~~ No amt charged for
~~00000~~ 44,063 Units under
Supplementary Bill.
10. Name & Designation of the Officers contacted give details of the discussion and Orders issued: : MR. S. R. THENGODKAR
MANAGER (TECH) vigilance dept.
: _____
: _____
11. Any other matter you like to state regarding grievances redressal by REL.

Signature of Applicant.



Schedule A
APPLICATION FOR REDRESSAL OF GRIEVANCE

Date 11th April 2005

1. NAME OF THE CONSUMER LAXMI HIRSHYANI PANDAY
2. FULL ADDRESS OF THE CONSUMER A/1 "SADHAS" GOPUL HIRPZON,
SHIVPUR VILLAGE, KANDIVALI (E) MUM
PIN CODE 400101
PHONE NO. / FAX NO 9819809092 / 28865871

3. PARTICULARS OF CONNECTION AND CONSUMER NO.
(Please state nature of connection) 1-Phase
Meter SC 81970 Cons. No: K11627035

4. DETAILS OF THE GRIEVANCE

(If space is not sufficient Please enclose separate sheet)

Supplementary Bill raised for a period over 7 years
and paid by us under strain of disconnection

5. (a) DATE OF ORIGINAL INTIMATION OF GRIEVANCE BY THE CONSUMER TO THE DISTRIBUTION LICENSEE 4/1/2003

6. REMEDY PROVIDED BY THE DISTRIBUTION LICENSEE, IF ANY
(If remedy has been provided, please enclose relevant communication from the Distribution Licensee) Yes: Payment allowed in approx. 12 instalments.

7. NATURE OF RELIEF SOUGHT FROM THE FORUM
(Please enclose any proof to support claim, if any) Refund of entire supplementary bill (list of documents) Enclosed

8. LIST OF DOCUMENTS ENCLOSED
(Please enclose copies of any relevant documents) Annexure 'A' to Annexure 3.2 as per enclosed letter

9. DECLARATION

(a) I/We, the Consumer /s herein declare that:

(i) the information furnished herein above is true and correct; and

(ii) I/We have not concealed or misrepresented any fact stated in aforesaid columns and the documents submitted herewith.

(b) The present Grievance has been intimated to the Distribution Licensee in the form and manner and within the time frame prescribed by the Distribution Licensee and I/We are not satisfied by the remedy provided by the Distribution Licensee or no

remedy was provided within a period of two (2) months from the date of original intimation.

- (c) The subject matter of the present Grievance has never been submitted to the Forum by me/ or by any one of us or by any of the parties concerned with the subject matter to the best of my/ our knowledge.
- (d) The subject matter of my / our Grievance has not been settled through the Forum in any previous proceedings.
- (e) The subject matter of my / our Grievance has not been decided by any authority/court/arbitrator.

OR

The subject matter of my / our Grievance is pending since (please mention the date when the matter was filed) before (*Please mention the name of the authority/court/arbitrator before whom the Grievance is pending) and the proceedings are likely to take time for being finally adjudicated

Yours faithfully

(Signature)

Laxmi NARAYAN PANDEY

(Consumer's name in block letter)

NOMINATION (If the Consumer wants to nominate his representative to appear and make submissions on his behalf before the Forum, the following declaration should be submitted.)

I/We the above named Consumer hereby nominate Shri/Smt. KRRISHNA KUMAR PANDEY who is not an Advocate and whose address is A/202 'Sahas' Gokul Horizon Thakur village, Kandivli (E) Mumbai 400101 as my/our REPRESENTATIVE in the proceedings and confirm that any statement, acceptance or rejection made by him/her shall be binding on me/us. He/She has signed below in my presence.

ACCEPTED

(Signature of Representative)

(Signature of Consumer)