

FORM VII

[See rule 30H (3)]

FORM OF APPEAL AGAINST DECISION OF THE CO-OPERATIVE INFORMATION OFFICER

[All fields are mandatory except wherever indicated otherwise]

To

The Co-operative Ombudsman

Madam/Sir,

Sub: Appeal against (Name of the multi-State co-operative society)

Details of the appeal:

1. Name of the appellant:

2. Age (years):

3. Gender:

4. Full address of the appellant:

- Pin Code:
- Phone No. (if available):
- Mobile Number:
- E-mail (if available):

5. Appealed against: *(Name and full address of the multi-State co-operative society)*

6. Membership number, or relevant details relating to membership:

7. Mode of filing: Through portal/in physical form/electronically *(Please tick the appropriate option)*

8. (a) Date and details of application by the appellant to the Co-operative Information Officer: *(Please enclose a copy of the complaint)*

(b) Whether the requisite information has or has not been received from the Co-operative Information Officer within the period of thirty days from the date of receipt of application, as indicated under sub-section (3) of Section 106 of the Act? Yes/No *(please enclose a copy of the reply)*

9. Please tick the relevant box (Yes/No):

Whether your appeal:

- is made through an authorised representative? Yes/No
- has already been dealt with or is under process on the same ground with the Ombudsman? Yes/No

10. Details of the appeal:

11. Relief sought from the Ombudsman in this appeal:

12. List of documents enclosed:

Declaration

(i) I,,s/o.....the appellant herein declare that—

(a) the information furnished above is true and correct; and

(b) I have not concealed or misrepresented any fact stated above and the documents submitted herewith.

(ii) The appeal is filed before the expiry of one month from the date of the orders of the Co-operative Information Officer, in accordance within the time-period provided under sub-section (4) of section 106.

Yours faithfully

(Signature of the Appellant/Authorised Representative)

AUTHORISATION

If the complainant wants to authorise a representative to appear and make submission on her/his behalf before the Ombudsman, the following declaration shall be submitted:—

I, s/o....., the complainant hereby nominate Shri/Smt..... as my authorised representative whose contact details are as below:

Full Address:

Pin Code:

Phone No:

Mobile Number:

E-mail:

Yours faithfully,

(Signature of the Appellant)