

69. No additional fees may be charged by an arbitration panel for interpretation or correction or completion of its award under paragraphs 60 to 65.

70. Subject to the provisions of this Part, the panel may regulate its own procedure.

THIRD SCHEDULE

(FORM 1)

COMPLAINT FORM

Box containing: Date Received:....., Telecommunication provider's Complaint No....., Prefixed Complaint No.:....., Date sent to respondent.....

Please insert your details:

- 1. Mr. [] Mrs. [] Miss [] Ms. [] other.....
2. First Names.....
3. Surname
4. Address
5. Postal Address (if different from above).....
6. Address for service of documents (if different from above)
7. Daytime telephone contact number(s).....
8. Fax number(s).....
9. Email address

10. If an Attorney or Legal Counsel is acting for you please give details (all documents will be sent to your representative)

Name

Address

.....

Postal address (if different from above)

Address for service (if different from above)

Daytime telephone number (s)

Fax number(s)

Email address

11. Please give the name and address of the Telecommunications Provider against whom this complaint is being brought

Name

Address

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Postal address (if different from above)

Address for service (if different from above)

Daytime telephone number(s)

Fax number(s)

Email address

12. Please give details/grounds of your complaint

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(please use additional paper if necessary)

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Signature