

Telecommunications (Dispute Resolution) Regulations

FORM 4

NOTICE OF APPEARANCE

Pre-fix.....
[to be completed by the Commission]

Complaint number.....
[the complaint number provided by the
Telecommunications Provider]

Particulars of Applicant:

- 1. Mr. Mrs. Miss Ms other
- 2. First Names.....
- 3. Surname.....
- 4. Address for service of documents.....

Particulars of Respondent:

- 1. Mr. Mrs. Miss Ms other
- 2. First Names.....
- 3. Surname.....
- 4. Address for service of document.....

WARNING: If this form is not fully completed and returned to the Commission at the address below within 10 days of service of the complaint form on you, the claimant will be entitled to have the tribunal adjudicate on this matter in your absence. If the claimant does so, you will have no right to be heard by the Commission except as to matters set out in paragraph 8(3) of Part 3 of the Second Schedule

- 1. Have you received the complaint form with the above claim number?
YES/NO
- 2. If so, when? ___ / ___ / ___
- 3. Are your names properly stated on the complaint form?
If not, what are your full names?..... YES/NO
- 4. Is your contact information on the complaint form correct?
If no please proceed to number 5 YES/NO

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- 5. Insert here correct contact information for you
- 6. Do you intend to defend the complaint? If so give the particulars and grounds on which you intend to resist the application (use extra sheet if required) YES/NO

- 7. Will you be represented by Legal Counsel, Attorney or self (please circle your choice of representation)

- 8. 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.....

Dated.....

Signed.....
[respondent in person] respondent's legal practitioner/Attorney]

The Commission's office is at [*** *** **] telephone number *** ***, FAX *** ***. The office is open between [...a.m.] and [...p.m.].....to.....except public holidays.