



PUBLIC CONSULTATION COMMENT SUBMISSION FORM

Policy Name:

In the information submitted below, please indicate what information should be considered as confidential by the Authority.

1. Respondent Category:

- (a) Regional regulatory or governmental agencies
- (b) Existing service and/ or facility providers and affiliates
- (c) Potential service and/ or facility providers and affiliates
- (d) Service provider associations/ clubs/ groups
- (e) Consumers/ consumer groups
- (f) General public

2. Interest

(Provide details of any relationship with/ interest in any of the above respondent categories):

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3. Contact Information:

Respondent's Name:

Postal Address:

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Email Address:

Contact Number:

4. Comments:

Policy Section	Comments	Recommendations

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The information and comments stated above can be published by the Authority for the purposes of consultation except those which are considered confidential.

Agree

Do not agree

Signature:

Position of signatory:

(This is only applicable for stakeholder categories **a** to **e**)