

**FORM B**  
**REQUEST FOR ADJUDICATION FORM (REGULATION 4(2))**

In terms of regulation 4(2) of the Regulations Regarding Adjudication of Disputes, a complaint must be submitted on this form, after the respondent has been given fourteen (14) days to first resolve the matter.

After completing this form, sign it and return it to the Authority, as required by the Regulations Regarding Adjudication of Disputes.

What steps, if any were taken by the Parties to resolve this matter?

**A. PARTY SUBMITTING REQUEST FOR ADJUDICATION**

Name of service provider	
Physical Address	
Postal Address	
Telephone number(s)	
Facsimile number	
Electronic mail address (email address)	

**B. CONTACT PERSON AT PERSON SUBMITTING THE REQUEST**

Contact Person	
Physical Address	
Postal Address	
Telephone number(s)	
Facsimile number	
Electronic mail address (email address)	

**C. RESPONDENT**

Respondent	
Physical Address	
Postal Address	
Telephone number(s)	
Facsimile number	
Electronic mail address (es)	

**D. SUBJECT-MATTER OF REQUEST FOR ADJUDICATION**

Provide an accurate and concise statement of the facts giving rise to the request for adjudication (use a separate sheet if necessary).


**E. RELIEF SOUGHT**

Provide a clear and concise statement of the specific relief or remedy sought


**F. ANY OTHER INFORMATION**

Provide any other relevant information.


Signed by \_\_\_\_\_ at \_\_\_\_\_ in his/her capacity as \_\_\_\_\_ duly authorized and warranting such authority and warranting that the information provided herein is true and correct, on the \_\_\_\_\_ day of \_\_\_\_\_ 20

\_\_\_\_\_  
Signature

**ACKNOWLEDGEMENT OF RECEIPT BY CRAN:**

1. Name:	
2. Date:	
3. Place:	
4. Signature:	