

FORM D
RECONSIDERATION FORM (REGULATION 22(2))

In terms of regulation 22 of the Regulations regarding Procedures for Adjudication of Disputes, applications for reconsideration must be submitted on this form within thirty (30) days from date of receipt of the Authority’s decision.

A. APPLICANT

Applicant: _____
Physical Address: _____
Postal Address: _____
Telephone number(s): _____
Facsimile number(s): _____
Electronic mail address(es): _____

B. CONTACT PERSON (IF DIFFERENT FROM APPLICANT)

Contact Person: _____
Physical Address: _____
Postal Address: _____
Telephone number(s): _____
Facsimile number(s): _____
Electronic mail address(es): _____

C. RESPONDENT

Respondent: _____
Contact Person: _____
Physical Address: _____
Postal Address: _____
Telephone number(s): _____
Facsimile number(s): _____
Electronic mail address(es): _____

D. SUMMARY OF GROUNDS FOR RECONSIDERATION

Provide an accurate and concise statement of the grounds illustrating why the Authority should reconsider its decision.

E. RELIEF SOUGHT

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

F. LIST OF DOCUMENTS SUPPORTING REQUEST FOR RECONSIDERATION

Provide a detailed list of the documents you wish to use in support of your request for reconsideration. Please further ensure that the listed documents are attached to this form.

G. ANY OTHER INFORMATION

Provide any other relevant information.

Signed by _____ at _____ in his/her/its
 capacity as _____, duly authorised 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:	