

FORM A
(Regulation 2)

APPLICATION FOR REVIEW

RMCD Decision Reference Number	(i)
	(ii)

A. GENERAL INFORMATION

1. Applicant's name and Identification Card No./ Passport No.		2. Applicant's address		
3. GST No./Non Registrant No. (if any)		4. Telephone	5. Fax	6. E-mail
7. * (a) Representative's name if any	(b) Address	(c) Date appointed		(d) Telephone No. / Fax/ E-mail
8. Date of application	9. **Date decision received		10. Reference number of the disputed decision	
11. Grounds for objection * Please attach additional appendix if column is insufficient		12. Supporting documents		

*Please attach representative authorization letter

**Please attach a copy of the disputed decision

Applicant's declaration

I, hereby affirm and declare:

- (i) No application is made on the same matter either to the Tribunal or to the court ;
- (ii) All information stated in this application are correct and complete to the best of my knowledge and I have been given the authorization and am competent to make this application and to verify it.

.....
Signature

Name:

Identification Card No:

Designation:

Date:

.....
Company's official stamp