



4. Do you wish to be heard in support of your submission. Yes  No
5. If others make a similar submission **I would / would not** be prepared to consider presenting a joint case with them at any hearings.

Address for service of  
person making submission: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No.: \_\_\_\_\_

Fax No. \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_  
*(Signature of person making submission or person authorised to sign on  
behalf of person making submission.)*

\_\_\_\_\_  
*(Date)*