

Carrier Submission Form

Carrier Information

Name: [REDACTED]

Carrier licence number: [REDACTED]

ACN/ABN: [REDACTED]

Email: [REDACTED]

Nominated carrier/associate information

		Additional information
Are you a nominated carrier in relation to one or more local access lines in relation to which a nominated carrier declaration is in force?	No	
How many Nominated Carrier Declarations are in relation to fixed local access lines?		
Does your report include premises that are related to these NCDs?		
Do you wish to report on recently connected greenfield premises?	No	
Are you part of an associated group?	No	

Reporting Submission for 1 July 2022 to 30 June 2023

Carrier reporting

Month	Number of chargeable premises	Potentially concessional premises	Additional comments
July	0	0	
August	0	0	

September	0	0	
October	0	0	
November	0	0	
December	0	0	
January	0	0	
February	0	0	
March	0	0	
April	0	0	
May	0	0	
June	0	0	

Please explain in detail how you calculated these figures

services being moved across to other carriers as business is redefined, actual numbers of services in use

Documentation Supporting Calculations

blank list.docx

Upload Statutory Declaration

acma stat dec 1.pdf

Submitted at: 20/10/2023 11:01 AM

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