

Carrier Submission Form

Carrier Information

Name: [REDACTED]

Carrier licence number: [REDACTED]

ACN/ABN: [REDACTED]

Email: [REDACTED]

Nominated carrier/associate 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 reporting 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 2021 to 30 June 2022

Carrier reporting

| Month | Number of chargeable premises | Potentially concessional premises |
|-----------|-------------------------------|-----------------------------------|
| 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

No customer connections yet

Documentation Supporting Calculations

██████████ RBS 2021-22 Supporting Calculation.pdf

Upload Statutory Declaration

RBS Authorised contact registration form - SIGNED by █████.pdf

Additional Supporting Documentation

██████████ RBS Stat Dec 2021-22 SIGNED by █████.pdf

Submitted at: 27/10/2022 4:26 PM

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