

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 services were active.

Documentation Supporting Calculations

acma1.pdf

Upload Statutory Declaration

acma1.pdf

Submitted at: 28/10/2022 4:34 PM

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