

Carrier Submission Form

Carrier Information

Name: [REDACTED]

Carrier licence number: [REDACTED]

ACN/ABN: [REDACTED]

Email: s [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 2021 to 30 June 2022

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

n/a - are not the owner of any local access lines.

Documentation Supporting Calculations

RBS Statutory Declaration-signed.pdf

Upload Statutory Declaration

RBS Statutory Declaration-signed.pdf

Submitted at: 1/11/2022 12:42 AM

--End of Document--