

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?	Yes
How many Nominated Carrier Declarations are in relation to fixed local access lines?	1
Does your reporting include premises that are related to these NCDs?	Yes
Do you wish to report on recently connected greenfield premises?	Yes
Are you part of an associated group?	No

Details of Nominated Carrier Declarations in force

Nominated Carrier Declaration Information

Entity 1

Nominated carrier declaration number: [REDACTED]

Name of entity under nominated carrier declaration: [REDACTED]

ACN/ABN of entity under nominated carrier declaration: [REDACTED]

Reporting Submission for 1 July 2022 to 30 June 2023

Carrier reporting

Month	Number of chargeable premises	Recently connected greenfield premises
July	[REDACTED]	[REDACTED]

August			
September			
October			
November			
December			
January			
February			
March			
April			
May			
June			

Nominated carrier declaration reporting

Entity -

Month	Number of premises under nominated carrier licence	Recently connected greenfield premises
July		
August		
September		
October		
November		
December		
January		
February		
March		
April		
May		
June		

Please explain in detail how you calculated these figures

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Documentation Supporting Calculations

FY2023_Tax_Calculation.xlsx

Upload Statutory Declaration

RBS_Stat_Dec_2022-23_writeable.pdf

Submitted at: 31/10/2023 4:51 PM

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