

Leniency Form

**Indicates compulsory fields*

A. Details of Applicant making the leniency application

***Name of Applicant**

Title: Dr/ Mr/ Mrs/ Miss/ Ms

*Surname:

*Given Name:

Organisation:

Address:

Postal Code:

***Contact Information**

Contact No./Fax No.:

Email address:

Fill up section B if you are representing a client to make this leniency application.

B. Authorised representative

***Name of Authorised representative**

Title: Dr/ Mr/ Mrs/ Miss/ Ms

*Surname:

*Given Name:

Organisation:

Address:

Postal Code:

***Contact Information**

Contact No./Fax No.:

Email address:

C. Information on Cartel Activity

Parties Involved

Provide details of the company (ies) and person(s) involved

Indicate the industry the cartel is operating in

*Describe the cartel

Cartel activities may include fixing prices either directly or indirectly, colluding to submit tender bids, sharing markets, or coordinating to limit production or investment. Provide as much details as possible of the activities of the cartel.

Is the cartel still active?

Yes/No

D. Additional Information

Provide any other information or comments that you may have

E. Declaration

***I am providing this information for the purpose of making an application under the CCS Leniency Programme. I certify that the information is true and correct. I understand that it may be an offence to provide false or misleading information to CCS.**

Name:

Date:

Signature: