

- hand delivered;
▪ a signed statement confirming service by the person who delivered the form; or
- a copy of a fax confirmation slip.
- Applicant to attach sworn affidavit substantiating the reason for failure to attend conciliation and why the rescission should be granted.

3. DETAILS OF OTHER PARTY

Name:.....

Postal Address:.....

.....

.....

Tel:.....Fax:.....

Cell:.....Email.....

4. CONFIRMATION OF ABOVE DETAILS:

Form submitted by (name):.....

Signature:.....

Designation:.....

Date:.....

Place:.....

To be signed by person who receives form if hand delivered. Person who receives form must be 16 years or above.

The applicant/respondent would be required to submit a sworn affidavit replying to one received will form within 10 days of receiving of this form

Received copy hereof on this _____ day of _____ 20_____

Full Name:.....

Capacity :.....

FOR OFFICIAL USE

Form Received By:..... CMA REF #:.....

Date Received:.....