

C. Declaration of Requestor

I hereby declare and confirm that all information and supporting documents provided by me in connection with this feedback are true, accurate and complete. I understand that it will be necessary for ACR to verify my identity and that ACR may contact me for more detailed information in order to clarify or respond to any matters regarding my feedback. I consent to the collection, use and disclosure of the personal data that I have provided in this form for the purpose of investigating, responding to and dealing with this feedback.

Signature / Date

D. For Internal Use

Application Reference Number

Received by / Date

Referred to / Date

Date of Completion of Request

Request Outcome

** Please state the method used to resolve this issue.*

Remarks