

For Official Use:

Date Receive:

Register no.:

Leniency Form

A. THE APPLICANT

Name:	
Company name:	
Registration no.:	
Address:	
Contact no.:	(home) (office) (mobile)
Email address:	
Website:	

Are you representing an organization (e.g. company, association, partnership, or society) in making this complaint? If **yes**, please fill in details of organization you represent below.

Name of the organization you represent:	
Company Registration no.:	
Address:	

Contact no.:	(H) (O) (M)	Fax:	
Email address:			
Website:			

*Please attach letter of authorization proving the representative's authority to act on behalf of the organization.

B. DESCRIPTION OF ANTI-COMPETITIVE ACTIVITY

Parties involved:

Person involved:		Contact Details	
		Contact no.:	
Company name:		Address:	
		Email address:	
		Website:	
Role of party:			

Person involved:		Contact Details	
		Contact no.:	
Company name:		Address:	
		Email address:	
		Website:	
Role of party:			

Person involved:		Contact Details	
		Contact no.:	
Company name:		Address:	
		Email address:	
		Website:	
Role of party:			

Person involved:		Contact Details	
		Contact no.:	
Company name:		Address:	
		Email address:	
		Website:	
Role of party:			

Person involved:		Contact Details	
		Contact no.:	
Company name:		Address:	
		Email address:	
		Website:	
Role of party:			

Nature of anti-competitive activity:

<input type="checkbox"/>	Price fixing
<input type="checkbox"/>	Bid rigging (Collusive Tendering)
<input type="checkbox"/>	Market sharing
<input type="checkbox"/>	Supply control
<input type="checkbox"/>	Others

For "Others", please specify:

What are the goods or services to which the anti-competitive activity relates?

Geographical scope of the anti-competitive activity:

Please describe briefly the anti-competitive activity that you or the organization you are representing involve in. Provide as much details as possible of the activity including how the agreement is initiated, strategized, formulated and implemented.

[Large greyed-out rectangular area]

When did this anti-competitive activity start?

[Greyed-out rectangular area]

Is this anti-competitive activity still continuing?

Yes

No

If no, when did this anti-competitive activity end?

Additional information

Please list all evidence supporting your application (e.g. agreements, minutes of meetings, business documents, circulars, correspondence, note of telephone conversation etc)

C. DECLARATION

I declare that the information I have submitted in the Leniency Form is true and correct to the best of my knowledge and belief.

I understand that it may be an offence to provide false and misleading information to the CCBD.

Name:			
Signature:		Date:	

Information provided in this form will be treated Confidential according to Section 70 of the Competition Act or its related Guidelines.

The following must accompany with this form:

- i. A copy of the applying company/organisation's company registration
- ii. Letter of authorisation proving the representative's authority to act on behalf of all the parties (if any)
- iii. Copy of the relevant contracts or agreements. Clearly identify any confidential information and explain why this information should be treated as confidential
- iv. Additional pages describing the request, if needed