



سوروهنجاي قرسايشن بروني دارالسلام
COMPETITION COMMISSION
BRUNEI DARUSSALAM

Executive Secretariat to the CCBD
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For Official Use:

Date Receive:

Register no.:

Complaint Form

A. THE COMPLAINANT

Name:			
Address:			
Contact no.:	(home)	(office)	(mobile)
Email address:			

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. WHO IS THE COMPLAINT AGAINST?

Name of the organization:			
Address:			
Contact no.:	(H) (O) (M)	Fax:	
Email address:			
Website:			

Please describe the principle commercial activities of this organization:

C. RELATIONSHIP

What is your relation with the organization against whom the complaint is made?

<input type="checkbox"/>	Supplier	<input type="checkbox"/>	Employee
<input type="checkbox"/>	Customer	<input type="checkbox"/>	Former employee
<input type="checkbox"/>	Competitor	<input type="checkbox"/>	Others

For "Others", please specify:

D. DESCRIPTION OF ANTI-COMPETITIVE ACTIVITY

Nature of anti-competitive activity complained against:

<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?

Please describe briefly the anti-competitive activity you are complaining about and explain how it affects you or the organization you are representing.

When did this anti-competitive activity start?

Is this anti-competitive activity still continuing?

 Yes No

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

Please list all evidence supporting your complaint and attach all relevant documents to this complaint form (e.g. agreements, minutes of meetings, business documents, circulars, correspondence, note of telephone conversation etc)

Clearly identify any confidential information and explain why this information should be treated as confidential

E. DETAILS OF OTHER PARTIES WHO MAY BE ABLE TO PROVIDE FURTHER INFORMATION REGARDING THE COMPLAINT

Name of Party:		Contact Details	
		Contact no.:	
		Address:	
		Email address:	

Name of Party:		Contact Details	
		Contact no.:	
		Address:	
		Email address:	
Name of Party:		Contact Details	
		Contact no.:	
		Address:	
		Email address:	
Name of Party:		Contact Details	
		Contact no.:	
		Address:	
		Email address:	

F. DECLARATION

I declare that the information I have submitted in the Complaint 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.