

Government of the Republic of the Union of Myanmar
Myanmar Competition Commission
Complaint Form

Complainant	Name					
	ID Number					
	If it is a company	Name				
		Agent's Name				
		ID Number				
	Address (Full)					
Contact Information	Telephone		Mobile Phone			
	Fax		Email			
Person being complained	Name	Position	Telephone	Address		
	If it is a company	Name	Telephone	Address	Head of complained enterprise (name, position)	
Summary of Complaint Case	◇ Who		◇ Place		◇ Time	
	◇ How		◇ Why		◇ Activity(e.g., price fixing, cartel)	
	◇ Complete case description may be attached as appendix					
Evidence	Do you have the evidences?					
	<input type="checkbox"/> Yes (To be attached)					
	<input type="checkbox"/> No					
Whether to reveal the name of complainant or not	Would you like to file complaint by revealing your name and position?					
	<input type="checkbox"/> Yes					
	<input type="checkbox"/> No					
	<input type="checkbox"/> Yes (After the case is finished)					
I file this complaint in accord with the Competition Law and Competition Rules.						
					Complainant	
					Signature -	
					Name -	
					Position -	
Day	Month	Year				
					Complaint Recipient	
					Signature -	
					Name -	
					Position -	
Day	Month	Year				