



COMESA Competition Commission

Kang'ombe House, 5th Floor - West Wing P.O. Box 30742 Lilongwe 3, Malawi

Tel: +265 01 772466

FORM 1

COMPLAINT

Article 21

COMESA Competition Regulations (2004)

The COMESA Competition Commission welcomes complaints from natural and legal persons regarding any perceived violation(s) of the COMESA Competition Regulations (2004). Only complaints that are within the Commission's jurisdiction will be investigated. Complaints not within the Commission's jurisdiction will be referred to the relevant authority and the Complainant advised accordingly, where possible.

FORM INSTRUCTIONS:

- Please fill out all parts of this Form to the best of your knowledge and attach any relevant documents in support of your claim(s) (e.g., correspondence, contracts, receipts, etc.).
- The information provided in this Form is confidential to the fullest extent possible to conduct the investigation. The Complainant has the right to identify confidential information by duly completing Form 2 Request for Confidentiality and submitting it jointly with this Complaint.
 - The COMESA Competition Commission does not charge a fee for the filing of a Complaint.

I. DETAILS OF <u>COMPLAINANT</u> (natural or legal person submitting this Complaint):

Full Names of Complainant:		Website:
Address and name o	of contact person:	
Phone:	Fax:	Email:
Brief description (inc	dustry sector, products/services,	etc.):

II. <u>RESPONDENT PARTY</u>	(natural or legal person again	nst whom this Complaint is made):	
Full Names:			
Address/Location:			
Phone:	Fax:	Email:	
Other Contact Details of	the Respondent:	<u> </u>	
Website:			
III. ARE OTHER RESPON	DENT PARTIES INVOLVED IN	THE ALLEGED CONDUCT?:	
Party Name:			
Address/Location:			
Phone:	Fax:	Email:	
Other Contact Details of	the Party:		
Website:			

Party Name:			
Address/Location:			
Phone:	Fax:	Email:	
Other Contact Details of the Party:			
Website:			

If this Complaint involves more than three (3) Respondent Parties, please provide their names and contact information on a separate sheet.

IV. COMPLAINT DETAILS:

Please provide a comprehens	e statement of the conduct t	that is the sub	ject of this Com	plaint
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- Set out in detail the facts from which, in your opinion, it appears that there exists an infringement of the Regulations.
- Indicate in particular the nature of the products (goods or services) affected by the alleged infringements and explain, where necessary, the commercial relationships concerning these products.

If you need more space, please attach extra sheets to this document.

Provide all available deta	ails on the agreements or practices of the undertakings or associations of undertakings t
which this complaint relat	
	ossible, the relative market positions of the undertakings concerned by the complaint.
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vou need more space, ple	ease attach extra sheets to this document.
Seographical Scop	
	the geographical scope of the alleged infringement and explain, where that is not obviou
	etween Member States or within the Common Market may be affected by the condu
mplained of.	

V. <u>SUPPORTING DOCUMENTS</u>:

	relating to or directly connected with the facts set out in the complaint (for negotiations or meetings, terms of transactions, business documents, conversations).
, ,	ession which relate to the facts set out, in particular where they show le information relating to prices and price trends, barriers to entry to the
State the names and address of the persons persons affected by the alleged infringement.	able to testify to the facts set out in the complaint, and in particular of
VI. PROCEEDINGS BEFORE NATIO	NAL COMPETITION AUTHORITIES/NATIONAL COURTS::
any other competition authority and/or whetl	ave approached, concerning the same or closely related subject-matters, ner a lawsuit has been brought before a national court. If so, provide full chority contacted and your submissions to such authority.
VII. <u>DECLARATION</u> :	
I,	declare that the information A Competition Commission in this Complaint and all supporting rate to the best of my knowledge
Print Name:	Position:
Signature:	

Office Use Only		
Received By		
Print Name:	Signature:	
Date Received:	Assigned Case Number:	
Case Officer		
Print Name:	Signature:	
Department / Section:		
Position:		