|  |  |  |  |
| --- | --- | --- | --- |
| **Date Submitted:** | |  | |
| **Name:** | | For non-individuals, please identify the company, institution or association and provide the name of a contact person. | |
| **Contact Details:** | | E.g. DID, fax, email address | |
| **Summary of feedback:** | |  | |
| **Details:** | | | |
| **S/No.** | **Regulation No.** | **Commentsa** | **Proposed change to draft Regulation** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

a Illustrations and diagrams could be attached as Annexes.