Form GCC 002



## Gambia Competition and Consumer Protection Commission PO Box 3299, 36 Kotu East off Bertil Harding Highway, Kotu, KMC, The Gambia

T: 4466792 F: 4466791 E: info@gcc.gm

CONFIDENTIALITY CLAIM

This form has two pages - this is page 1

Gambia Competition Commission - Leveling the field for Development

## ABOUT THIS FORM:

- This form is issued with regard to Section 18 of the Competition Act 2007. See our website at www.gcc.gm for more information
- This form must be completed to the best of your ability and submitted to the Competition Commission for consideration of your complaint. If your submission is complex please provide additional details on a separate page.
- If this complaint is lodged by a company (rather than an individual), please provide contact details of the person authorised to discuss your complaint
- This form is a public record. However, the attached description of conduct, and other information relating to this complaint is not part of the public record unless the board of commission refers the complaint to the competition commission. You have a right to Identify information that you believe is confidential by completing form GCC002 and submitting it with this form.

1.0 Please state any references (Name and File Number) below:		
Please complete the following information in as much detail as necessary in the space provided or continue on a separate page if needed		
2.0 Name of the document that contains the confidential information		
3.0 The Page and Line Number at which the confidential information begins and ends		
4.0 The Name of the firm that owns this particular information		

WINDS STORY

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5.0 The economic value of this information			
6.0 The existing restrictions on access to this information			
Statement of Confidentiality			
I, compile	ed, or supervised	the persons who	
compiled, the attached list. I believe that the information identified in that list is confidential information as defined in the rules of the Competition Act			
NAME AND TITLE OF PERSON AUTHORISED TO SIGN:			
AUTHORISED SIGNATURE	DATE:		
FOR OFFICE USE ONLY		Please do not write below this line	
Commission File Number	DateFiled		
	Date Received		