



## [DRC FORM A] CLAIM FORM

BEFORE THE DISPUTE RESOLUTION COMMITTEE  
NATIONAL COMMUNICATIONS AUTHORITY  
ACCRA, [YEAR]

CASE NO:

BETWEEN

[INSERT NAME]

CLAIMANT

AND

[INSERT NAME]

RESPONDENT

---

CLAIM

---

### A. PARTICULARS OF RESPONDENT<sup>1</sup>

1. Name
2. Physical Address
3. Email Address
4. GPS Location Address

### B. PARTICULARS OF RESPONDENT (S)

5. Name
6. Physical Address
7. Email Address
8. GPS Location Address.

### C. NATURE OF DISPUTE [if applicable]

9. [Narrate relevant facts and annex documents]

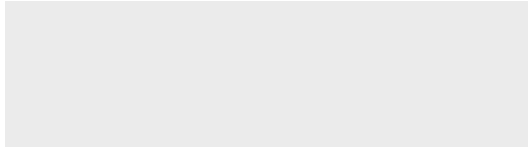
- 10.

**D. RELIEF SOUGHT**

11.

[Insert reliefs]

DATED AT \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_



\_\_\_\_\_  
NAME & SIGNATURE OF CLAIMANT / REPRESENTATIVES / LAWYER  
(including Solicitor's License No.)

**SERVICE NOTICE**

1. Registrar of DRC
2. Respondent(s)

<sup>1</sup> Claimant to provide a copy of Ghana Card details.