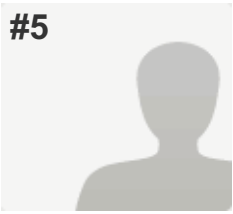


#5



COMPLETE

Collector: Web Link 1 (Web Link)
Started: Tuesday, August 25, 2015 2:47:50 PM



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Q1: Personal Details

Name:	belinda ridout
Address 1:	[REDACTED]
City/Town:	[REDACTED]
State/Province:	[REDACTED]
ZIP/Postal Code:	[REDACTED]
Country:	[REDACTED]
Email Address:	[REDACTED]
Phone Number:	[REDACTED]

Q2: Agent Details (if applicable) - All correspondence will be sent to the agent.

Respondent skipped this question

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Q3: 1. Which proposed main modification are you commenting on? (please insert the MM reference number from column 1 in the consultation document)Please use a separate form for each proposed modification you are commenting on.

I support ALL main modifications

Q4: 2. Do you support this main modification (i.e. do you think it is sound and/or legally compliant?)

Yes

Q5: 3. If no, in summary, why do you not support the proposed modification?

Respondent skipped this question

Q6: 4. What would you like to happen?(Please give further details or suggested wording in box for Q6)

Respondent skipped this question

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Q7: 5. If there is an additional examination hearing session, would you like to verbally express your views to the Inspector?

No

Q8: 6. Your Comments. Please provide more details about: Why you do/do not feel that the proposed modification meets the soundness criteria set out in Q3? What changes to the proposed modification wording/new wording you are suggesting? What additional policies or wording you are suggesting? To assist the Inspector please try to be as concise as possible.

Respondent skipped this question

Q9: 7. Do you wish to be updated on the progress of this document?

Yes
