



CONCERN FORM

Name of Proposed Merger:

Reference is made to the proposed merger transaction as per the merger notification. Please indicate as a concerned stakeholder whether there are any competition or public interest concerns that are likely to arise from the proposed merger. If there are no concerns, please do indicate as such and sign appropriately. The Commission requests that you return this form **within 15 days from publication of this notice on the Commission website.**

1. Please tick appropriate box and explain your choice in 2 below:

Concerns

No Concerns

2. If you have a concern about the proposed merger please state your concerns below and the reasons thereof:

Company name : _____

Name and signature of person responsible for the response : _____

Telephone number : _____

Date : _____

Commissioners: Mr Peter Carlson (Chairperson), Ms Grace Mohamed (Deputy Chairperson), Mr Linus //Garoeb, Ms Petronella Masabane and Ms Malverene Theron
EX Officio: Mr. Vitalis Ndalikokule (CEO & Secretary to the Commission)

All official correspondence must be addressed to the Secretary to the Commission