

Representative Actions for the Protection of the Collective Interests of Consumers Act 2023 (Prescribed Forms) Regulations 2024

FORM 2 - APPLICATION FOR REQUEST OF A REVIEW OF REFUSAL OF DESIGNATION OR OF REVOCATION OF DESIGNATION UNDER SECTION 14 OF THE ACT

Applicants are asked to complete all Parts of this form unless otherwise stated, in BLOCK CAPITALS.

Part 1	Applicant Details		
Organisation name:			
Organisation Address:			
Eircode/Postcode/Zip code (as appropriate):			
Website:			
Contact name:			
Contact No.:		Email:	

Part 2	Review Request Details			
Is this request for Review in respect of a refusal of designation?	Yes		No	
If Yes, please provide the date of notification				
Is this request for Review in respect of a revocation of designation?	Yes		No	

If Yes, please provide the date of notification	
Please provide details of the grounds on which this request for review is based.	

Part 3	Signature and Date
Signature of contact:	
Date:	

Note:
This form can be made available in an interactive digital format and completed electronically.