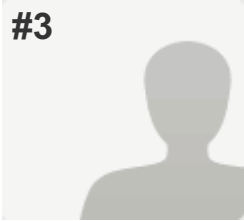


#3



COMPLETE

Collector: Web Link 1 (Web Link)
Started: Friday, July 24, 2015 6:47:03 PM
Last Modified: Friday, July 24, 2015 6:48:51 PM
Time Spent: 00:01:48



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Q1: Personal Details

Name: David Walsh
 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 agree with all the 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? *Respondent skipped this question*

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