Shown below is how Form 2 is to be filled up for	
purpose defence and counter-claim and can be used	
. a. ill the Tribunal for Consumer Claims branches (TTPM).	CONSUMER PROTECTION ACT 1999
Explanation is also given for terms you may Not understand.	CONSUMER PROTECTION (THE TRIBUNAL FOR CONSUMER CLAIMS REGULATIONS 1999)
Not dilucistand.	FORM 2 (Regulation 9)
	STATEMENT OF DEFENCE AND COUNTER-CLAIM IN THE TRIBUNAL FOR CONSUMER CLAIMS
	AT
	IN THE STATE OF, MALAYSIA CLAIM NO :
CLAIMANT  - The individual or party making a claim.  - The respondent is required to fill the name, address in full and identification	
card of the claimant according to Form 1.	Name of Claimant :
	Fax No. :
RESPONDENT	Email :
- Party against whom a claim is made.	27.10.1
- State the full name and address.	Name of Respondent :
	I.C. No. / Registration Company No. :
	Address :
	Tel. No. :
	H/P No. :
STATEMENT OF DEFENCE	Fax No. :
- Particulars as to why you dispute the	Email :
claim made by the claimant.	
	Statement of Defence :
COUNTER-CLAIM  - State the amount and details of	Counter-claim :
counter-claim, if any.	<b>→</b>
	Date Signature/Right thumb-
	Print of respondent
OFFICE USE	
- This section is for the Tribunal use.	Date of filing Secretary
	(SEAL)
	V- /