**CONSUMER PROTECTION ACT 1999**

**CONSUMER PROTECTION (THE TRIBUNAL FOR CONSUMER CLAIMS)**

**REGULATIONS 1999**

**FORM 2**

(Regulation 9)

***STATEMENT OF DEFENCE AND COUNTER-CLAIM***

IN THE TRIBUNAL FOR CONSUMER CLAIMS

AT **hearing\_venue\_short**

IN THE STATE **state\_name** MALAYSIA

CLAIM NO: **case\_no**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Claimant | : | claimant\_name | | | |
| claimant\_identification\_type | : | claimant\_identification\_no | | | |
| Address | : | claimant\_address | | | |
| Tel. No./HP No./Fax No. | : | claimant\_phone\_home  claimant\_phone\_mobile  claimant\_phone\_fax | | | |
| Email | : | claimant\_email | | | |
|  |  |  |  |  |  |
| Name of Respondent | : | opponent\_name | | | |
| opponent\_identification\_type | : | opponent\_identification\_no | | | |
| Address | : | opponent\_address | | | |
| Telephone No. | : | opponent\_phone\_home | H/P No. | : | opponent\_phone\_mobile |
| Email | : | opponent\_email | Fax No. | : | opponent\_phone\_fax |

|  |
| --- |
| **Statement of defence:**  defence\_statement |
|  |
| **Counter-claim:**  counterclaim\_statement |

|  |  |
| --- | --- |
| …………………………………….  *Date* | …………………………………….  *Signature / Right thumbprint*  *of Respondent* |
| filing\_date  *Date of Filing* | …………………………………  **psu\_name**  SECRETARY  TRIBUNAL FOR CONSUMER CLAIMS  MALAYSIA |
| (SEAL) | |

|  |  |
| --- | --- |
| **INSTRUCTIONS TO THE RESPONDENT:** | |
| 1. | If you admit the Claimant's claim you may state in the column provided for the statement of defence that you admit the claim. |
| 2. | If you dispute the claim, your statement of defence shall contain particulars as to why you dispute the claim. |
| 3. | If you have any counter-claim, you shall state you counter-claim with particulars in the column provided. |
| 4. | If the column provided is insufficient, please continue on a separate sheet of paper and write " see overleaf ". Any separate sheet of paper used should be attached to this Form. |
| 5. | You shall file your defence (and counter-claim if any) within the time limit, otherwise an award will be made in favour of the Claimant. |
| 6. | You shall sign Form 2 personally and file in 3 copies in the Tribunal's Registry. In the case of a corporate body, this Form shall be signed by a director, manager, secretary or other similar officer. The filing fee is RM5.00. The Registry will put the seal of the Tribunal on the 3 copies and return to you two copies. |

|  |  |
| --- | --- |
|  | Please Return To :-  *Section Head,*  *branch\_address*  *Tel: branch\_phone\_office*  *Fax: branch\_phone\_fax*  *Toll Free Line: 1-800-88-9811*  *Email: branch\_email* |

**e-Tribunal System**

|  |  |  |
| --- | --- | --- |
| Claim No. | : | case\_no |
| Hearing Date | : | hearing\_date |
| Hearing Time | : | hearing\_time |
| Form 2 Receipt No. | : | receipt\_no |

Thank you for dealing with the Tribunal for Consumer Claims Malaysia. Please keep this document as a reference.