

## Application for Review of Interim Measures

Applicant name and address	
Applicant status (as defined in the PSA Code of Practice)	Network Operator <input type="checkbox"/> Level 1 provider <input type="checkbox"/> Level 2 provider <input type="checkbox"/>
Case reference	
Date the interim measures were first imposed	
Does the correspondence you have received state that interim measures were imposed under the “without notice” procedure?	Yes <input type="checkbox"/> No <input type="checkbox"/>  If no and you did not receive the Interim Warning Notice prior to the measures being imposed, please confirm whether your contact details registered with the PSA are correct, and if you are aware of any reason why such notice may not have been received:

<p>Review type</p>	<p>Please confirm which of the following you wish to be reviewed. A decision made in respect of:</p> <p>Withhold of revenue <input type="checkbox"/></p> <p>Suspension of service <input type="checkbox"/></p> <p>Requirement to take other corrective action <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>If you have checked 'other' please explain further:</p>
<p>Are you asking the PSA to vary the interim measure, or end it?</p>	<p>End the measure <input type="checkbox"/></p> <p>Vary the measure <input type="checkbox"/></p> <p>If you wish for the measure to be varied, please explain here how the measure should be varied:</p>
<p>Do you wish to also make oral representations to the review panel?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>If yes, please confirm the identity of the person making representations:</p> <p>Name:</p> <p>Position:</p>

Email:

Direct contact telephone number:

You will be advised of a time / date for the review hearing. As oral representations will usually be via telephone dial-in details will also be provided. Given the urgency of the review procedure, we will be unable to accommodate requests for a different time / date.

By submitting this completed application form to the Executive, you acknowledge that you may in due course incur additional administrative costs as a result of this application.

You also acknowledge that the PSA may refer this application for a determination that the application is frivolous and/or vexatious and accordingly should not proceed. You may also in due course incur additional administrative costs if this occurs.

For full details of the administrative charge policy please see:

<http://www.psauthority.org.uk/news-and-events/news/2015/january/phonepayplus-administrative-charges>

I am an authorised representative of the Applicant.

Signed.....

Name [Block Capitals].....

Company (where applicable) .....

Position.....

Date.....

Please identify below the grounds upon which the Applicant relies in respect of each decision that it seeks to review, paying particular attention to the circumstances in which a review can be applied for as set out at paragraphs 4.6.6(a)(i) and 4.6.6(a)(ii).

If you have more than one grounds for seeking review, the grounds should be set out separately for each decision which you apply to be reviewed.

The grounds should be expressed in numbered paragraphs, as below.

Please ensure all supporting documentation you wish to be considered is properly attached to this application. Add further sections as required.

Please refer to the PSA Supporting Procedure (<http://psauthority.org.uk/-/media/Files/PSA/For-Businesses/Your-phone-paid-service/Code-of-Practice/Supporting-procedures.ashx?la=en>) for assistance.

Ground 1	
Specific decision this ground applies to:	
Does this ground rely on new information which has now come to light (para 4.6.6(a)(ii))?	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>If yes, please attach the information to your application. Please also identify the new information here:</p>    <p>If yes, please explain why this information was not disclosed to the PSA at an earlier stage:</p>
Please set out:	
<ul style="list-style-type: none"><li>• the grounds on which you consider that the interim measure(s) should not have been used and/or</li><li>• the grounds on which you consider that interim measure(s) should no longer be applied.</li></ul>	

Details:

1.

1.1

1.2

1.3

## Ground 2

Specific decision this ground applies to:

Does this ground rely on new information which has now come to light (para 4.6.6(a)(ii))?

Yes

No

If yes, please attach the information to your application. Please also identify the new information here:

If yes, please explain why this information was not disclosed to the PSA at an earlier stage:

Please set out:

- the grounds on which you consider that the interim measure(s) should not have been used and/or
- the grounds on which you consider that interim measure(s) should no longer be applied.

Details:

2.

2.1

2.2

2.3