



# Consumer claim application about goods and services

## CONSUMER AND COMMERCIAL DIVISION

Complete this form to apply for orders under Part 6A of the *Fair Trading Act 1987* about the supply of goods and services to consumers. Visit the [NCAT website](#) for information on how to complete this application form. You can also apply online using [NCAT Online Services](#).

**File Number**  
*Office use only*

## 1. DISPUTE DETAILS

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### A. PLACE OF DISPUTE

What is the address where the goods were paid for or the services provided? *Include suburb and postcode*

### B. WHAT IS YOUR DISPUTE ABOUT?

Describe the work, goods or services

### C. WHAT IS THE TOTAL VALUE OF THE CLAIM?

The value of the work, goods or services \$

## 2. APPLICANT

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### A. APPLICANT TYPE

Tick the box that best describes the person or organisation making this application.

Consumer     Supplier     Other (*please specify*)

### B. APPLICANT CONTACT DETAILS

For multiple applicants attach details on a separate sheet.

**First name:**

**Last name:**

**Organisation name (if applicable):**

**ACN/ABN:**

**Address:**

**Telephone:**

**Email:**

If you provide an email address, NCAT will use your email as the address for service

**C. ARE YOU ABORIGINAL OR TORRES STRAIT ISLANDER?**

- No                       Prefer not to answer  
 Yes - Aboriginal         Yes - Torres Strait Islander         Yes - both Aboriginal and Torres Strait Islander

**D. APPLICANT REPRESENTATIVE DETAILS**

If the applicant is represented the representative’s contact details will be used as the applicant’s address for service. Attach the authority to act for the applicant.

- Legal Practitioner         Agent                       Other (*please specify*)

**First name:**

**Last name:**

**Organisation name (if applicable):**

**ACN/ABN:**

**Address:**

**Telephone:**

**Email:**

If you provide an email address, NCAT will use your email as the address for service

**3. RESPONDENT**

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**A. RESPONDENT TYPE**

Tick the box that best describes the person or organisation you are making the applicant against.

- Consumer         Supplier         Other (*please specify*)

**B. RESPONDENT CONTACT DETAILS**

For multiple respondents attach details on a separate sheet. You must provide the correct name and address for service for each respondent.

**First name:**

**Last name:**

**Organisation name (if applicable):**

**ACN/ABN:**

**Address:**

**Telephone:**

**Email:**

## 4. ORDERS AND REASONS

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### A. WHAT ORDERS DO YOU WANT?

Write down the sections of the *Fair Trading Act 1987* and the orders you want NCAT to make. Learn more about making a consumer claim application on the [NCAT website](#).

### B. WHY ARE YOU APPLYING TO NCAT?

Explain why you are asking NCAT to make the above orders. This will help NCAT and the respondent understand why you have made this application.

## 5. LANGUAGE AND DISABILITY SUPPORT

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### A. INTERPRETER

Do you need an interpreter for the hearing?  No  Yes (*specify language*):

### B. SUPPORT REQUIREMENTS

Do you have a disability-related need or other request for support at the hearing?

## 6. SIGNATURE

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Applicant's signature or signature of representative.

Name

Signature

Date

**Lodge your application and pay the fee with NCAT Online Services or at your nearest NCAT Registry**

For NCAT Consumer and Commercial Division Registry locations visit the [NCAT website](#). For all NCAT enquiries telephone 1300 006 228 or visit [www.ncat.nsw.gov.au](http://www.ncat.nsw.gov.au).