Thank you for sharing your comments and amendment suggestion with us. Please use this form to inform us about your thoughts by filling in the white parts of the form. Please note that your contact details are required. We appreciate your efforts.

The LELLE Partners

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| **Registration No.** |  |

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| **Name** |  |
| **Organisation** (if applicable) |  |
| **Country** (represented when composing your amendment) |  |
| **E-mail address** |  |
| **Phone number** (please do not forget the country code) |  |
| **Date** (dd/mm/yyyy) |  |

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| **Rationale / Reasons for the amendment proposal** |
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| **Module No.** | **Material / Module Part** | **Page No.** | **Original Text** | **Proposed Textual Amendment** |
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