



I.C.FORM 3 – BREACH OF GCCF SHOW RULE(S)

Your details:

Please enclose £15 administration fee with this form

NAME:		PREFIX:
ADDRESS:		
TEL. NO:	E-MAIL:	

I wish to bring a complaint against:

NAME:		PREFIX:
ADDRESS:		
TEL NO:	E-MAIL:	

NAME OF SHOW
DATE OF SHOW
I BELIEVE THE FOLLOWING RULE(S) HAS/HAVE BEEN BROKEN

Details of Complaint (1 additional sheet may be used)

PTO: Continue over if required
 Please sign overleaf

THE GOVERNING COUNCIL OF THE CAT FANCY

5 Kings Castle Business Park

The Drove

Bridgwater TA6 4AG

Tel: 01278 427 575 Fax: 01278 446 627

Web: www.gccfcats.org email: info@gccfcats.org



I.C.FORM 3 – BREACH OF GCCF SHOW RULE(S) continued

Names & Addresses of witnesses (*please also supply signed statements from any witnesses named*)

LIST SUPPORTING DOCUMENTS:

I/WE FURTHER AGREE TO ACCEPT AS FINAL ANY DECISION MADE BY THE GCCF INVESTIGATION COMMITTEE REGARDING THIS COMPLAINT.

*** Please note Article 12(3)(d)**

N.B. Should a case be preferred to the GCCF Disciplinary Committee, the meeting will be held in London, the time and place to be notified at a later date.

Signed: _____

Date: _____

For office use only:

IC Ref No:

Other documents requested:

Notes: