

**Customer Complaint Settlement Scheme (CCSS)  
for the Telecommunications Industry**

**Customer Information Form**

Please provide the following information to the Office of the Communications Authority (OFCA), OFCA will assess your case for acceptance under the CCSS.

Please submit the completed form to OFCA via **fax number: 2180 9520**; or **email to: ccss@ofca.gov.hk**; or send to **Office of the Communications Authority, 29/F, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong (Attn: CCSS Team)**.

**\*Name of Customer :**

\_\_\_\_\_

**\*Telephone Number :**

\_\_\_\_\_

**Fax Number :**

\_\_\_\_\_

**E-mail :**

\_\_\_\_\_

**\*Customer Type :**

Individual / residential

*(Applicable to individual /  
residential customer only)*

**\*Type of Service :**

Telephone line service

Broadband internet access service

Mobile service

IDD / Calling card service

Bundled service (please specify \_\_\_\_\_)

Others (please specify \_\_\_\_\_)

**\*Name of Account Holder :**

\_\_\_\_\_

**Account Number / Registered**

**Telephone No. / Login ID :**

\_\_\_\_\_

**\*Service Provider :**  
(CCSS is limited to the listed  
service providers participated  
in the scheme)

- China Mobile Hong Kong Company Limited
- China Unicom (Hong Kong) Operations Limited
- China-Hong Kong Telecom Limited
- CITIC Telecom International Limited
- CSL Mobile Limited
- HGC Global Communications Limited
- HKBN Enterprise Solutions Limited
- Hong Kong Broadband Network Limited
- Hong Kong Telecommunications (HKT) Limited
- Hutchison Telephone Company Limited
- i-CABLE
- IMC Networks Limited
- Multibyte Info Technology Limited
- SmarTone Mobile Communications Limited
- Sun Mobile Limited
- WTT HK Limited

**\*Referral Number Provided by  
Service Provider<sup>1</sup> :**

---

**\*Description of the Complaint :**

(Applicable to billing  
dispute only, please use  
separate sheet if needed)

---

---

---

---

---

---

---

**\*Disputed Amount :**

**HK\$**

(Applicable to HK\$300 or above)

**Date of Occurrence of Dispute :**

---

**Date of First Complaint to the**

**Service Provider :**

---

Note:

**\*Mandatory field. Your application may be rejected if the required information is not provided.**

<sup>1</sup> Please contact your service provider to obtain the **Referral Number**.