



NOTICE OF APPEAL AGAINST A DECISION

Chairman
Appeal Tribunal
P.O. Box 698
Road Town, Tortola
British Virgin Islands

Appellant's full name:

Address:

Social Security No.....Telephone No.....

I hereby give **NOTICE OF APPEAL** against the decision of the Director which was given onday of
.....20.....in respect of my claim for.....

The ground(s) for my appeal is/are as follows:

Appellant Signature

Date

Notice of appeal must be given 21 days after the decision of the Director. If the grounds of your appeal are to be supported by documents, you should submit all such documents with your Notice of Appeal.

For Official use only

Date Received: (stamp)

Received by:

Date acknowledgment reply issued:

Initials.....