

Second Schedule

**Refugee Appeals Tribunal
NOTICE OF APPEAL
against the recommendation of the Refugee Applications Commissioner made under
Council Regulation (EC) No. 343/2003.**

1. Personal details:

1.1 Name: _____

1.2 Address: _____

1.3 Nationality: _____

1.4 Your temporary residence certificate number: _____

2. Legal Representation:

2.1 Do you have legal representation? YES NO (*delete as appropriate*)

2.2 Name of you legal representative: _____

2.3 His or her address: _____

2.4 His or her telephone number: _____

3. Grounds of Appeal:

Please state clearly and concisely all the facts and contentions on which you rely in making your appeal. You may use additional or separate pages.

Ground 1 _____

Ground 2 _____

Ground 3 _____

Etc.

4. Communications to the Tribunal:

All communications to the Tribunal should be sent by registered post, or faxed (and confirmed by a successful transmission report), or delivered to the Refugee Appeals Tribunal 6/7 Hanover Street East, Dublin 2 - the Tribunal will issue you with a receipt which you should retain as proof of such delivery.

Signed: _____
Applicant
Date

Signed: _____
Legal Representative
Date