



**FIRST-TIER TRIBUNAL
ASYLUM SUPPORT**

Christopher Wren House
113 High Street
Croydon
CR0 1QG
T. 020 8588 2500
F. 020 8588 2519

Notice of Appeal

See the Guidance Notes for further information on completing this form

SECTION 1: YOUR PERSONAL DETAILS

Full Name:

Date of Birth: Nationality:

Your UKBA Support reference number:

Do you have a disability? **YES** **NO** *Please tick the appropriate box*

If **YES**, do you have additional requirements:

SECTION 2: YOUR CONTACT DETAILS

Please give an address, daytime telephone number and/or fax (if you have one) in the United Kingdom where you can be contacted:

Address and
Post Code

Telephone: Fax:

SECTION 3: UKBA DECISION LETTER

Please give the date of the UKBA decision letter against which you are appealing.

Date:

**NOTE: You must attach a full copy of the UKBA decision letter to this form.
Failure to do so may result in your appeal being treated as invalid.**

SECTION 4: TYPE OF HEARING AND LANGUAGE

Please tick the appropriate box for the type of hearing you require. If you need an interpreter, you must specify the language and dialect in which you wish to give evidence.

I want my appeal determined on the papers	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
I want an oral hearing of my appeal	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
I want to attend the oral hearing of my appeal	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
I require an interpreter to assist me at the hearing	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

If so, in what language and dialect?

SECTION 5: REPRESENTATIVE

Do you have a representative assisting you with this appeal?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Will your representative be attending the oral hearing of your appeal	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

If you have answered "yes" to either question you must provide your representative's contact details in the box below, together with any reference number the representative has given your case.

Name:

Address:
.....

Post Code: Ref No:

Telephone: Fax:

SECTION 6: GROUNDS OF APPEAL

You must complete this section. Failure to do so may result in your appeal being treated as invalid.

1. What are the grounds of your appeal?
2. What matters in the UKBA decision letter do you disagree with?
(Please use a separate A4 sheet if required)

Signed: Date:
(Appellant/Representative)

GUIDANCE NOTES

1. Please ensure that you complete all sections as fully as possible.
2. You **MUST** enclose a copy of the UKBA decision letter, or your appeal may be treated as invalid.
3. If you have requested an oral hearing and need an interpreter please ensure that you tell us the language you require.
4. If you have requested an oral hearing, it is in your interests to attend. Please note that UKBA will provide and send you your travel documents up to two days before your hearing date.
5. You **MUST** include your grounds of appeal at SECTION 6 or your appeal may be treated as invalid.
6. If you have further information, which you would like the Judge to take into account when making a decision about your appeal, you should send this together with copies of any documents with this form.
7. If you have any problems in understanding or filling out this form please seek out a voluntary refugee organisation within your area, which may be able to assist you.

8. **RETURN THIS FORM TO:**

**Tribunals Service
Asylum Support
Christopher Wren House
113 High Street
Croydon
Surrey CR0 1QG**

9. You may also return this form by fax. Our fax number is **020 8588 2519**
10. The Asylum Support's freephone number for appellants who wish to discuss any aspect of the appeal process is: **0800 389 7913**
11. Further information about Asylum Support appeals is available on:
www.asylum-support-tribunal.gov.uk