



For office use
Received on:

Notice of Appeal from a Refugee Protection Division Decision

Subsection 110(1) of the *Immigration and Refugee Protection Act*

TIME LIMIT: Provide the Refugee Appeal Division three copies of this notice of appeal no later than 15 days after you receive the written reasons for the Refugee Protection Division decision.

I am / We are appealing a decision of the Refugee Protection Division:

Date of the notice of decision
(year/month/day)

Date Refugee Protection Division
reasons received (year/month/day)

Appellant information

Use additional sheets of paper the same size as this form if needed.

Appellant - LAST NAME, first name, middle name(s)	Appellant - date of birth (year/month/ day)	Appellant - country of nationality/country of citizenship	Refugee Protection Division file number	Unique client identifier	Signature of appellant/ designated representative and date signed (year/month/day)	Language chosen for appeal	Representative designated by Refugee Protection Division	Refugee Appeal Division file number (for office use)
					_____	<input type="radio"/> English <input type="radio"/> French	<input type="radio"/> None <input type="radio"/> Yes. Provide <input type="radio"/> information on page 2.	
					_____	<input type="radio"/> English <input type="radio"/> French	<input type="radio"/> None <input type="radio"/> Yes. Provide <input type="radio"/> information on page 2.	
					_____	<input type="radio"/> English <input type="radio"/> French	<input type="radio"/> None <input type="radio"/> Yes. Provide <input type="radio"/> information on page 2.	
					_____	<input type="radio"/> English <input type="radio"/> French	<input type="radio"/> None <input type="radio"/> Yes. Provide <input type="radio"/> information on page 2.	

Address of appellant				
Number and street	Apartment	City	Province	Postal code
Home telephone	Work telephone	Home fax	Work fax	

Counsel contact information				
Name (Mr./Ms)		Law firm or company		
Number and street	Apartment	City	Province	Postal code
Telephone number	Fax number	Electronic mail address	Membership number	
<input type="radio"/> Lawyer / Paralegal / Notary : <input type="radio"/> Immigration Consultants of Canada Regulatory Council <input type="radio"/> Family member or other person helping with this appeal: (Please complete the <i>Notice of representation without a fee or other consideration</i> and provide it to the Refugee Appeal Division with these documents.) Limitation on retainer: Note: The <i>Immigration and Refugee Protection Act</i> makes it an offence for any person not authorized under the Act to knowingly, directly or indirectly, represent or advise a person for consideration—or offer to do so—in connection with a proceeding under this Act. (Consideration includes money, or any other form of compensation or reward.) I have been retained to represent the appellant(s) named above for their appeal before the Refugee Appeal Division.				
Signature of counsel		Date (year/month/day)		

Designated representative information (if one was designated by the Refugee Protection Division)				
Name (Mr./Ms)		Relationship (if applicable)		Organization or company (if applicable)
Number and street	Apartment	City	Province	Postal code
Telephone number	Fax number	Electronic mail address		

Interpreter's declaration	
I, (print full name clearly) _____ hereby declare that I have accurately interpreted the entire content of this form to the appellant(s) from the English to the _____ language (state dialect if applicable). I am proficient in both these languages (and dialect, if any) and was able to communicate fully with the appellant(s). The appellant(s) indicated that he/she/they fully understand(s) the entire content of this form as interpreted by me.	
Signature of interpreter	Date (year/month/day)