Appeal To The First-Tier Tribunal (Immigration And Asylum Chamber) Against A Decision Of An Entry Clearance Officer

A. Do you want to have your appeal decided at an oral hearing or on the papers?	
Oral hearings take place in the UK. You should tick the 'oral hearing' box if you want to have an oral hearing that your sponsor and /or your representative plan to attend. You will need to pay the appropriate fee for an oral hearing	Tick one box Oral Hearing
You should tick the 'paper hearing' box if no one will attend and you want to have your case determined on the papers provided. You will need to pay the appropriate fee for a paper hearing.	☐ Papers
B. If you have chosen to have an oral hearing, please mark the box of anyone who will be attending your hearing to give evidence .	☐ Sponsor☐ Witness☐ Your representative
C. Are you in receipt of legal aid funding	Yes No
Legal Aid Reference Number	
For Staff Use Only Date Appeal Lodged	
Online Payment Amount (£)	
Payment URN	
Submission URN	
Payment made by	
Relationship	
Appeals Linked to Payment	
Appellant email address	

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	Are you paying for the appeals of any men appeal against an immigration decision?	☐ No☐ Yes (Give details in the table below)	
	Name	Relationship	Appeal number / Post reference number
Ī			

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UKBA International Group: (for UKBAIG use only)	Appeal Lodged: (For FTT(IAC) use only)	Type of decision: Tick one box Human Rights EEA
Section 1 - Personal Information		
A. Family Name or Surname (For instance as shown on your passport)		
B. Given or First Name(s) (For instance as shown on your passport)		
C. Title (Mr / Mrs / Miss / Ms or Other)		
D. Date of birth (Day/Month/Year)		
E. Gender	Male Fer	nale
F. Your address or an address where you can contacted, including the country. Notice: If you change your address, you in the First-tier Tribunal immediately in w	nust notify	
G. Nationality (if more than one, state all)		
Section 2 - Your ECO (refer to yo	ur Notice of Decision)	
A. Post Reference Number		
B. Name of decision making Post		
C. Home Office A-N Reference		
D. Method of Service by ECO Other (please specify)	☐ Post ☐ Fax / F	Personal Service
E. Date you received your Notice of Decision	on	
F. Date of Application to Home Office		

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Form IAFT-6
G. Date of ECO decision (the date of the decision against which you are appealing)
Applying for Anonymity
The tribunal will publish your name on documents relating to your case which can be viewed publicly. You can apply to the tribunal for anonymity which, when granted, will result in the tribunal removing your name from all published documents.
The Application for Anonymity form can be found online at: <pre>hmctsformfinder.justice.gov.uk/HMCTS/GetForm.do?court_forms_id=2877.</pre>

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Section 3 - Your Appeal
Your appeal must be received at the Tribunal not later than 28 Calendar days after you receive the notice of the decision from the Entry Clearance Officer (ECO) or Secretary of State.
A. If you know your appeal is late, or you are not sure if it will be received in time, you must apply for an extension of time. Explain why your appeal is late in the box below. Attach any evidence / additional sheets if necessary.
B. If you are sending any other documents to support your appeal, they must be in English or a certified translation. Please list them here:

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C. If you are intending to send other documents that are not yet available to you. Please list them here:					

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D . 0	Grounds of your appeal
You	may appeal only if:
0	you have made a human rights claim and this has been refused,
0	your appeal is against the deprivation of citizenship,
0	If you think that the Home Office decision is restricting your rights under the EEA right to free movement please explain below why you want to appeal.
0	if your appeal relates to an EU Settlement Scheme decision, EUSS family permit and travel permit, a frontier worker decision or a healthcare visitor decision or if
	you believe the decision breaches the withdrawal agreement, EFTA separation agreement or Swiss citizens' rights agreement please explain why below.
•	You must bring your appeal on the ground that the decision against which you seek to appeal is unlawful under section 6 of the Human Right Act 1998 or that the decision breaches your rights under the European Union treaties in respect of entry to or residence in the United Kingdom, or if it breaches the EU withdrawal agreement, EFTA separation agreement or Swiss citizens' rights agreements.
	If the decision against which you seek to appeal has stated that specific articles of the European Convention on Human Rights (ECHR) do not apply to your case, and you disagree, please explain why.

D. Continued	

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E. Have you appe United Kingdom	ealed against any other immigrat n or overseas?	ion decision in the No	Yes - give details below	ı
	Date	Appeal numbe	er (if known)	
F Mill annuage ett		ntamatan2 □ No	Vos. givo details below	,
	ending your hearing require an in should only request an interpr	· —	Yes - give details below	
Tous	snould only request an interpr	evidence at your hea	•	tending and giving
Who:				
Language:				
Dialect:				
O 16	Partition beautiful bases at Partition		to the contract	
G. If anyone atten	ding the hearing has a disability	, state any special requirement	ts tney have.	
Section 4 - Yo	our declaration			
If you are the appe	ellant and are completing this fo	rm yourself, you must sign and	date this declaration.	
Declaration - I,	the appellant, believe the facts	stated in this appeal form are to	rue.	
	ole for my appeal, if I have not pr n the instructions I receive from t		•	•
		Agreed Date		
	_			
Data Protection s	statement			
for any purpose of	ding personal details that you ha ther than the determination of you ties only, for related immigration	our application. The information		

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B. Name of Representative's Organisation (if any) C. Postal address for correspondence Postcode D. Reference for correspondence E. Telephone number / mobile number F. Fax number G. Email address H. Legal Aid reference number I. Legal Aid Area Declaration by the representative - to be completed only when signing on behalf of the person named in Section 1 of this form I, the representative, am giving notice of appeal in accordance with the appellant's instructions and the appellant believes that the facts stated in this appeal form are true. Agreed Date D	Section 5 - Representative Details (refer to guidance notes)		
C. Postal address for correspondence Postcode D. Reference for correspondence E. Telephone number / mobile number F. Fax number G. Email address H. Legal Aid Area Declaration by the representative - to be completed only when signing on behalf of the person named in Section 1 of this form I, the representative, am giving notice of appeal in accordance with the appellant's instructions and the appellant believes that the facts stated in this appeal form are true. Agreed Date Legal Aid	A. Name of Representative		
Postcode D. Reference for correspondence E. Telephone number / mobile number G. Email address H. Legal Aid reference number I. Legal Aid Area Declaration by the representative - to be completed only when signing on behalf of the person named in Section 1 of this form I, the representative, am giving notice of appeal in accordance with the appellant's instructions and the appellant believes that the facts stated in this appeal form are true. Agreed Date Legal Aid	B. Name of Representative's Organisation (if any)		
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facts stated in this appeal form are true. Agreed Date Legal Aid	Declaration by the representative - to be completed only when signing on behalf of the person named in Section 1 of this form		
Legal Aid			
	☐ Agreed Date		
I, the representative certify that the appellant is in receipt of Legal Aid and is therefore exempt from paying a fee on this appeal.	Legal Aid I, the representative certify that the appellant is in receipt of Legal Aid and is therefore exempt from paying a fee on this appeal.		
Agreed Date	☐ Agreed Date		

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Section 6 - Sponsor Details (refer to guida	nce notes)
A. Family Name or Surname	
B. Given or First Name(s)	
C. Title	
D. Postal Address for correspondence Postcode	
E. Telephone number / mobile number	
F. Email address	
by phone or writing. I understand that my sponsor will not be sent any Not Yes Agree	my sponsor to receive information relating to my appeal if enquiring ices or Decisions relating to my appeal other than a Notice of Hearing. No Date the First-tier Tribunal may write to him / her to ask for confirmation of

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