

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

D. Are you paying for the appeals of any member of your family or anyone planning to appeal against an immigration decision?

☐ No

☐ Yes (Give details in the table below)

Name	Relationship	Appeal number / Post reference number

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

☐ Female

F. Your address or an address where you can be contacted, **including the country**.

Notice: If you change your address, you **must** notify the **First-tier Tribunal immediately in writing**.

Postcode

Email Address

G. Nationality (if more than one, state all)

Section 2 - Your ECO (refer to your 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

☐ Post

☐ Fax / Personal Service

☐ Courier

Other (please specify)

E. Date you received your Notice of Decision

(the date of the decision against which you are appealing)

F. Date of Application to Home Office

G. Date of ECO decision

Applying for Anonymity

The tribunal will publish your name on documents relating to your case which can be viewed publically. 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:

hmctsformfinder.justice.gov.uk/HMCTS/GetForm.do?court_forms_id=2877.

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:

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

D. Grounds of your appeal

You **must**:

- You may appeal only if you have made a human rights claim and this has been refused, if your appeal is against the deprivation of citizenship or if you have made an application as an EEA national or the family member of an EEA national and this has been refused.
- 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 Rights 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.
- 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.
- Attach any/evidence/additional sheets of paper if necessary.

D. Continued

E. Have you appealed against any other immigration decision in the United Kingdom or overseas? ☐ No ☐ Yes - give details below

Date	Appeal number (if known)

F. Will anyone attending your hearing require an interpreter? ☐ No ☐ Yes - give details below

You should only request an interpreter if an individual who cannot speak English will be attending and giving evidence at your hearing.

Who:

Language:

Dialect:

G. If anyone attending the hearing has a disability, state any special requirements they have.

Section 4 - Your declaration

If you are the appellant and are completing this form yourself, you must sign and date this declaration.

Declaration - I, the appellant, believe the facts stated in this appeal form are true.

If a fee is payable for my appeal, if I have not provided fee payment or payment card details, I undertake to pay the fee in accordance with the instructions I receive from the tribunal. I therefore apply for a Lord Chancellor's Certificate of Fee Satisfaction.

☐ Agreed

Date

Data Protection statement

Information, including personal details that you have provided in this form will not be used by the Visa Section, or First-tier Tribunal, for any purpose other than the determination of your application. The information may be disclosed to other government departments and public authorities only, for related immigration or asylum purposes.

Section 5 - Representative Details (refer to guidance notes)

A. Name of Representative

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

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

Section 6 - Sponsor Details (refer to guidance 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

I, the appellant / representative give authorisation for my sponsor to receive information relating to my appeal if enquiring by phone or writing.

I understand that my sponsor will not be sent any Notices or Decisions relating to my appeal other than a Notice of Hearing.

☐ Yes ☐ No☐ Agreed

Date

Please note that if a sponsor is named in this section, the First-tier Tribunal may write to him / her to ask for confirmation of that person's intention to act as a sponsor.