

UPPER TRIBUNAL ADMINISTRATIVE APPEALS CHAMBER

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APPLICATION FOR PERMISSION TO APPEAL or NOTICE OF APPEAL

from First-tier Tribunal
(War Pensions and Armed Forces Compensation Chamber)

This form is for use only by the Secretary of State, Claimants should obtain form UT6

| Α | About the Secretary of State's repre | sentative |
|-------|--------------------------------------|------------------------|
| Title | Mr Mrs | S Other |
| | Name | |
| | Address | |
| | Destroyle | |
| | Postcode | |
| | Daytime telephone number | Reference no. (if any) |
| В | About the Respondent | |
| Title | Mr | Mrs Ms Other |
| | Surname | |
| | Other names | |
| | Address | |
| | | |
| | Postcode | |

| About the First- tier Tribunal which decided the case | | | | | | |
|---|--|--|--|--|--|--|
| What was the date of the tribunal's decision? This will on the decision notice. | | | | | | |
| What was the tribunal's register number? This will be on the decision notice. | | | | | | |
| Do you have a written statement of reasons for the tribunal's decision? | | | | | | |
| Yes No Please say why not | | | | | | |
| | | | | | | |
| If you want to say more, please use another sheet of paper | | | | | | |
| Reason for appealing | | | | | | |
| Remember that an appeal can succeed only if the tribunal was wrong on one or more points of law . Please state what error of law you consider the tribunal has made. | | | | | | |
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| If you want to say more inlease use another sheet of paper | | | | | | |

| Е | | Appeal to the e an applicatio | | ı nal -tier tribunal for permissio | n to appeal be | efore this form | is |
|---------------|--------------------------------------|---|--|---|------------------------|-----------------|-------------|
| | questions is "y | it your | ply for an | Has more than one mon tier Tribunal sent you no of permission to appeal application has not been | tice of the gra | nt or refusal | NoYes |
| | If this is an an | | | If you want to say more | | | |
| | | ounal at this sta | | ppeal, do you wish there answer this question if th | | | |
| | Yes | Please say why | / | | | | |
| | | | | | | | |
| | Would you like | e the hearing to | be in private | ∍ ? | | | |
| | Yes | Please say why | / | | | | |
| | | | | | | | |
| | I apply for pe | rmission to ap | opeal or I ap | peal against the decision | of the First-tie | er tribunal. | |
| Sign | ature | | | | Date | / | / |
| If the The | e First-tier Tribu Upper Tribunal | inal hearing wa Office, 11 th Flo | s in England oor Cardinal ⁻ | d or Wales , send this form Tower, 12 Farringdon Roa | n to: ad, London E0 | C1M 3HS. | |
| You | MUST enclose | e the following | g documents | s with this form - | | | |
| | • a copy of t | he written sta | tement of re | by the First-tier Tribuna asons for the tribunal's er Tribunal's decision to | decision (if o | | • • |
| IF Y | OU DO NOT S | END THESE D | OCUMENTS | THE APPEAL MAY BE | DELAYED O | R NOT ADMIT | TED. |
| The | • • | Office will let t | he Applicant' | s/Appellant's representati | ve know whe | n they have re | ceived this |