NATIONAL INSURANCE (APPEALS) REGULATIONS, 1980

N.B (This form must be filled in Triplicate)
(Please write in block capitals, or type)

NOTICE OF APPEAL – FORM 1

I hereby appeal to the National Insurance Appeals Tribunal against the decision of the National Insurance Board on the grounds stated below.

NAME OF INSURED PERSON

Mr./Mrs./Ms. Surname:..... First Name:.....

Address of Insured Person:.....

.....

TELEPHONE NUMBERS

Home:..... Cell:..... .....Email.....

National Insurance Number:.....

Claim Number:.....Type of Claim:.....

Address of National Insurance Office to which Claim was submitted:

.....

Date of Claim Submitted:.....

Date of National Insurance Board's Decision Appealed Against:

.....

FULL NAME OF APPELLANT:

Mr./Mrs./Ms. Surname:.....First Name:.....

Residential Address of Appellant:.....

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GROUNDS OF APPEAL:

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Date Signature of Appellant

G.P.,TR./TO.-V0827 – 500 -/05