### Membership / Registration Appeal Form

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| Name |  |

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| Address |  |

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| Contact point/s | e-mail:phone: |

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| Reason/s for appeal*Give full details of information that you feel has not been taken into account.**Mention any evidence which you will be able to produce to support your appeal.**Continue on another sheet of paper, if necessary* |  |

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| Signed: |  | Date: |  |

*For IST use:*

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| *Date received:* |  |
| *Date passed to Chairman of Appeals Panel* |  |