**Registry of the Board of Appeal**

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| *All [\*] fields shall be filled out and sent to the Registry along with annexes. In case of representation, the power of attorney of the representative shall be also provided. Failure to comply with these requirements may render the appeal inadmissible or delay its handling.* |

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| **APPELLANT** |
| **EASA customer Number** *(if available)* \* |  |
| **Status** *(check as appropriate)\** | [ ]  Legal [ ]  Natural Person |
| **Identification Card/Passport Number** \* Date of issue \*  Country of issue \* |  |
| Select date |
|  |

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| --- | --- |
| **Name** of legal entity or First name and surname\* | Name of entity |
| First name | Surname |
| Telephone number  | Country Code | Telephone number |
| Fax | Country Code | Telephone number |
| E-mail |  |
| Consent for communication by e-mail | [ ]  Yes [ ]  No |
| **Address\*** | Street and number |
| City |
| Post Code |
| Country |
| Postal address *(if different)* | Street and number |
| City |
| Post Code |
| Country |
| **Nationality / State of incorporation** |  |

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| *In case of representation please provide the following information \** |

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| **REPRESENTATIVE (*Please attach a power of attorney)*** |
| **Name** | First name | Surname |
| **Address** | Street and number |
| City |
| Post Code |
| Country |

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| **Details about the contested EASA decision** |
| **Insert Reference number of EASA decision\*** | **Select date of the contested EASA decision** |
| **Brief description of the contested EASA decision and form of order sought (e.g. the revocation in total or partially stating which part is subject to the appeal) \*.** |
| Please insert description here |

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| **Attachments *(Please check as appropriate)*** |
| **Contested EASA Decision\*** | [ ]  Included | [ ]  Not Included |
| **Statement of Grounds of Appeal\*** | [ ]  Included | [ ]  Not Included |
| Certificate of Financial Turnover of the appellant *(for legal persons only)* | [ ]  Included | [ ]  Not Included |
| Power of attorney/representative *(in case of representation)* | [ ]  Included | [ ]  Not Included |
| Additional attachments | Please list additional attachments here if provided. |

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| **Signature\*** |
| **Surname** | Signature *(Insert below)* | **Click here to Insert date** *(or insert manually below).* |
| Insert surname here |  |  |