

**APPEAL APPLICATION
 FOR
 REFUGEE STATUS DETERMINATION**

Basic Data by Applicant	UNHCR File Number:	
	Name of Applicant:	
	Date of birth:	
	Country of Origin:	
	Date of Notification of Decision:	
	Telephone Number [Egypt]:	
	Email:	

In the space provided, please explain why you believe that the decision reached in your refugee claim is wrong. If you believe that any of the facts relied upon by UNHCR in reaching the decision in your refugee claim are incorrect, please explain why you believe this and provide the correct facts. Provide any relevant information that was not previously presented to UNHCR, and explain why the information was not provided before. You may also indicate on the Appeal Application Form any issues or incidents relating to the procedures for processing your refugee claim that you believe affected your ability to present your claim.

You may use additional or separate pages, if necessary; and please ensure that you and your legal representative [if any] have signed the additional pages.

NOTE: It is also very important for you to be aware that your Appeal Application could be reviewed and decided on dossier [on file], without the need for an appeal interview.

REASONS FOR APPEAL

Please list below any documents you have attached to this form in support of your appeal application:

Document 1: _____
Document 2: _____
Document 3: _____

I hereby declare that the information that I have provided above is true and complete to the best of my knowledge.

Signed [Applicant]: _____
Date: _____

FOR INTERNAL USE ONLY

To the Staff receiving the Appeal Application Form from the Applicant and issuing the Appeal Receipt Slip:

Please print two copies of the Appeal Receipt Slip: one to be handed to the Applicant and one to be attached to the Appeal Application Form