

# NOTICE OF INTENTION TO APPEAL

It is recommended to read NSC Part XI Appeals prior to completing this form.



Name of Appellant: \_\_\_\_\_ MotorSport NZ Licence Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_  
Event: \_\_\_\_\_

I intend to appeal the Decision of the Steward(s) / Judicial Committee given on:

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_ : \_\_\_\_ Decision Number: (please attach) \_\_\_\_\_

I understand that I must lodge the appeal within 3 working days hereof specifying the details of the decision appealed against and the grounds on which my appeal is based.

I agree to be bound by the requirements of the National Sporting Code of MotorSport New Zealand and attached the appeal fee of:

\$ \_\_\_\_\_

I acknowledge that if I withdraw this appeal within the 3 day time frame above, I will forfeit 20% of the appeal fee.

Appellant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** This form must be handed to or emailed to the Chairman of the panel which made the decision appealed against, together with the appeal fee as stipulated in Schedule B, within one hour of receiving the written decision from that panel.

## Payment details:

Card Number	<input type="text"/>	Expiry:	<input type="text"/>
Name on Card:	<input type="text"/>		
Signature:	<input type="text"/>	Date	<input type="text"/>
A surcharge applies to all payments via card. GST Number # 10-062-349 Bank Account: ASB Bank 12-3192-0017344-00 (Ref: APPEAL) <i>We do not accept cash or cheques.</i>			

Official use only:	Time appeal received:	
	Received by:	Official's Licence Number:

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## Interim receipt for appeal fees:

Name of Appellant: \_\_\_\_\_ Date: \_\_\_\_\_  
Amount received: \_\_\_\_\_ Payment method: \_\_\_\_\_  
Official's Name: \_\_\_\_\_ Official's Licence Number: \_\_\_\_\_