## Notice of Intention to Appeal

Tribunal

Stewards /

To the



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Name of Appellant:				
Motorsport Australia Lice	nce No:			
Phone:				
Email:				
I intend to appeal the de	cision of the Stew	vards/Tribu	unal given on:	
Date:		/	/	
Time:				
On the grounds that: (tic	k as applicable)			
the decision was against the weight of evidence;				
the decision was contrary to law;				
there was denial of natural justice;				
the decision was ultra vires;				
the penalty applied was inadequate;				
the penalty applied was excessive;				
I will lodge the appeal pro including any submission/		-		accordance with the NCR,
I agree to be bound by th and the National Competi			-	ng Code including Appendices attach the appeal fee of:
\$	Appellant Signature:			
Note: This form must be submitted, together with the appeal fee, within one hour of the decision from which this appeal arises being handed down or as otherwise provided for by the Rules.				
Payment				
Paying by (please tick appropriate box)	CARD NUMBER			
Cheque/Money Order (made payable to "Motorsport Australia")	EXPIRY	/	cvv	
	CARD TYPE	VISA	MASTERCARD	
Credit Card (please	NAME ON			
complete details)	CARD			
	SIGNED			
MOTORSPORT AUSTRA	LIA USE ONLY			
Accepted by:	; (please print)		Fee:	
Date: /	/	Time:		

Date:

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