



Application Form for a Review of a Decision

TRIB-1409

Section A To be completed by Applicant

Your name

Address

Daytime contact telephone:

Name of organisation

Charity Commission Reference for the organisation (if applicable)

Our reference quoted in the letter giving our final decision

Section B Notes of form

Please return this completed form to **Charity Commission Direct, PO Box 1227, Liverpool, L69 3UG**. We will regard a returned form by email, letter or fax as sufficient formal notification of your request for a Review.

Before we can take your request further we will need to agree with you the grounds on which you consider the decision to be wrong. We will also need either (or both):

- information or evidence which is **in addition** to that which has been supplied to us already;
- a reasoned argument showing why you feel the decision was wrong.

Please set out the grounds for your request.

Section C Details

Grounds for decision review:

Information or evidence which is in addition to that previously supplied to the Commission:

Reasoned argument showing why you feel the decision was wrong: