Notice of appeal to the Proscribed Organisations Appeal Commission (POAC)



THE TERRORISM ACT 2000

Please attach a copy of the certificate, notice of decision, notice of direction and/or letter from the Home Office against which you are appealing.

You will have had a letter or notice telling you about the decision or direction. That letter or notice explains your rights of appeal. Please complete the information below

CE	CTION ONE	Desision(s) you are appealing against
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A.	Home Office reference	
В.	Date of service of Home Office decision	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
C.	Deadline to appeal	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
D.	Method of service of Home Office decision (ie. how did you receive it)	Post Fax or Personal Service
SE	CTION TWO	About you
A.	Surname or family name (CAPITALS)	
B.	Other names	
C.	Address where you can be contacted	
	Note: If you change your address, you must notify POAC immediately, in writing.	
D.	Telephone number (Give a number where POAC may contact you during the day)	
E.	Date of birth (Please give as Day/Month/Year)	
F.	Name of Organisation Proscribed	
G.	Your role in the organisation	
H.	Contact details or other details of Organisation Proscribed	
l.	Date of Proscription	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$

J.	Date of Refusal to De-Proscribe	D D M M Y	Y Y Y	
K.	Who will be present at the hearing? If this information is not yet known, please leave	Yourself	☐ Your representative	Witness(es)
	blank and provide it to POAC when the hearing date is set.	Please list deta	ails of all witnesses you wish	n to attend any hearing.
L.	If you, your representative or a witness are attending the hearing, will an interpreter be needed? If this information is not yet known, please leave blank and provide it to POAC when the hearing date is set.	Which language Dialect (if applie	Your representative ge will be needed?	☐ Witness(es)
M.	If you, your representative or a witness has a disability, please explain any special arrangements needed for the hearing. If this information is not yet known, please leave blank and provide it to POAC when the hearing date is set.			

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Grounds of appeal

In this section you must set out the grounds for your appeal and give the reasons in support of these grounds – that is, why you disagree with the decision.

Please refer to the paragraphs of the letter or notice containing the decision(s) when possible.

You should include in this section any parts of your claim that you think have not been addressed in the refusal letter. You must say if you have raised these issues before.

Please note that if you want to vary your grounds at a later date, you will only be able to do so if you obtain permission from POAC.				

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Additional documents

	ith this form please list them all here, including the HO letter/notice:
TION SIX	Declaration
TION SIX Declaration	Declaration I declare that the information I have given is true and complete to best of my knowledge and belief.
Declaration	I declare that the information I have given is true and complete to
Declaration	I declare that the information I have given is true and complete to
Declaration Appellant signature and date	I declare that the information I have given is true and complete to
Declaration Appellant signature and date Name of appellant	I declare that the information I have given is true and complete to
Declaration Appellant signature and date Name of appellant	I declare that the information I have given is true and complete to
	I declare that the information I have given is true and complete to
Declaration Appellant signature and date Name of appellant Please use CAPITAL LETTERS	I declare that the information I have given is true and complete to
Declaration Appellant signature and date Name of appellant Please use CAPITAL LETTERS	I declare that the information I have given is true and complete to

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Representative's Details

This section is for completion by your legal	or other representative.
Name of Representative	
Name of Representative Organisation	
Postal Address of Organisation	
Telephone	
Fax Number	
Email Address	
Has the appellant been granted publicly funded legal representation?	☐ Yes ☐ No
	If Yes, please give the LAA reference number if applicable
Signature of Representative and confirmation that this form has been completed in accordance with the appellant's instructions.	I confirm that this form has been completed in accordance with the appellant's instructions

PLEASE SEND THE COMPLETED FORM TO THE PROSCRIBED ORGANISATIONS APPEAL COMMISSION (POAC) AT THE ADDRESS PROVIDED

The appeal was received on time Who received the appeal? Please write in CAPITAL LETTERS How was the appeal received? By hand By post By fax (to be followed by a signed original document) Signed Date

For the use of the Proscribed Organisations Appeal Commission (POAC)

Change of details notification

About this Form

Please complete the relevant area of this page if any of your details have changed, including if you change your representative. It is important you notify the Proscribed Organisations Appeal Commissions (POAC) immediately of any changes to your details.

Part 1: About You					
Surname or family name. Please use CAPITAL LETTERS					
Your other names					
Appeal reference number:					
Home Office reference number:					
Part 2: Change of Address					
Please add your new address here.					
If you are in detention, please put the deter	ntion centre address				
Full Address (including postcode):					
Telephone Number					
Part 3: Change of Representative					
Please add your new representative's detail	s here.				
Name					
Address					
Telephone Number					
Fax Number					
LSC Reference					