



Appeal to the Independent Adjudicator in accordance with Bye-Law No.1

Please complete in block capitals (using black ink if possible)

1. Your details

Name: _____

Address: _____

Daytime telephone number: _____

Email address: _____

2. Member's / Student's details

Name: _____

Firm: _____

Address: _____

3. Date decision of Investigation Committee communicated to you: _____

4. Date appeal submitted to Secretary: _____

