

ABOUT YOU	
Title	
Surname	
All other names	
Date of Birth	
National Insurance number	
Your address	
Daytime phone number	
Have you arranged for someone to help you with your appeal?	
If yes, please provide their full name and address	
Sign this box to authorise the above person to act for you	
ABOUT THE DECISION	
Name of benefit or benefits	
Date at the top of the award letter	
ABOUT YOUR APPEAL	
<ul style="list-style-type: none"> • Use the space on the next page to say why you do not agree with the decision. • You must say why you think the decision is wrong. It is not enough to say 'I do not agree with the decision' or 'The money is not enough'. • If you are appealing against more than one decision, you must say why you do not agree with each one. • If you are appealing more than one month after the decision was made, you must say why your appeal has been delayed. 	
YOUR SIGNATURE	
Your signature	
Date	
If someone has been officially appointed to act for you or someone has the authority to act for you, they should sign above.	
WHAT TO DO NOW	
<ul style="list-style-type: none"> • Make sure you have said on the next page why you do not agree with the decision • Remember, your appeal must reach us within one month of the date at the top of the letter telling you about the decision 	

YOUR APPEAL

- Use this space to say why you do not agree with the decision.
- You must say **why** you think the decision is wrong.

- If you need more space, use another sheet of paper. Remember to put your name and address on any extra sheets of paper.
- **Make sure you have filled in all parts of this form and signed it.**
- Take or send this form to the office that sent you the decision. The address details are overleaf.