



Notice of appeal

You can use this form to appeal decisions involving National Insurance Contributions, or related matters. Please read the guide, complete the form and return it to the address shown on the Notice of Decision with any information you consider relevant to your appeal. If we cannot reach agreement we will arrange for your appeal to be heard by an independent tribunal.

Section 1 – Details from Notice of Decision

To (Name of office).....

Reference.....

Name of person appealing.....

Address.....

.....

Email.....

Telephone number(s).....

Agent's details including reference (if applicable).....

.....

Email.....

Section 2 – Notice of appeal

I want to appeal against the decision dated/...../..... (Enter date from notice)

Description of decision.....

Please explain why you think the decision is wrong:

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.....Please continue on a blank sheet of paper if necessary.

Signature..... Date.....