Immigration Appeals Board
15, 1st Floor, City Gate Buildings, Ordnance Street,
Valletta. VLT 1020
Tel.: 25689442/440 – Email: immigrationappealsboard@gov.mt

PLEASE FILL IN THIS FORM CLEARLY AND COMPLETE ALL FIELDS IN ORDER TO LODGE THE APPEAL WITH THE IMMIGRATION APPEALS BOARD

DATE OF WHEN THE REFUSAL LETTER RECEIVED: _____
IDENTITA' REFERENCE NUMBER: _____ I.D NUMBER: _____
FIRST NAME OF APPELLANT: _____
SURNAME OF APPELLANT: _____

(PLEASE TICK ONE OF THE FOLLOWING)

IS THE APPELLANT:
- O ADULT
- O MINOR

APPELLANT`S GENDER:
- O MALE
- O FEMALE
- O OTHERS

APPELLANT`S IS:
- O ABROAD
- O LIVING IN MALTA

NATIONALITY: _____

ADDRESS OF APPELLANT/CORRESPNDENCE: Please fill in full address.
HOUSE NUMBER/NAME/FLAT: _____
STREET NAME: _____
LOCALITY: _____ ZIP CODE: _____
EMAIL OF APPELLANT: _____

REPRESENTED BY (LAWYER): _____
EMAIL OF LAWYER: _____

EMPLOYER/SCHOOL: _____
EMAIL OF EMPLOYER/SCHOOL: _____

If the appeal is no longer necessary, you are to send immediately a withdrawal letter to the IAB in order to close the process of appeal.

NAME OF THE PERSON SUBMITTING THE APPEAL: _____
EMAIL: _____ MOBILE NUMBER: _____

I confirm that the above addresses and contact details are mine and that I am able to receive official correspondence, including any notifications and decisions regarding my appeal, at these addresses and contact details. I also confirm that I have been duly informed that it is my sole responsibility to regularly check my post/email/phone for any correspondence from the International Appeals Board / International Protection Appeals Tribunal, as well as to immediately inform the previously mentioned government entity of any changes in the above addresses and contact details.

_____
Signature of Person Lodging the Appeal