

NOTICE OF APPEAL

Name of person making the appeal	
Name of other party	
Where this appeal arises from	<ul style="list-style-type: none"> a) An internal investigation b) An independent investigation; or c) A Hearing Tribunal
Date the party making the appeal was notified of the original decision	
Grounds of appeal	<ul style="list-style-type: none"> i. The decision was affected by actual bias; or ii. There was no evidence on which the decision could be reasonably based <p>(please delete one)</p>
Outline of submissions (you may use more pages as necessary)	
Payment of appeal fee of \$500	<p>Please pay the sum of \$500 to Swimming Australia (see details below) within 7 days of notification to you of the decision you are appealing.</p> <p>Please state your name and 'Notice of Appeal' as reference.</p> <p>Swimming Australia bank details below.</p>

For payment via EFT: Commonwealth Bank, BSB 062-913, A/c 1051 2493,
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