

**Application for Leave to Appeal and Notice of Appeal
Pension Appeals Board – Canada Pension Plan**

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Personal Information Bank PAB-PPU 005*

To the Chairman / Vice-Chairman, Pension Appeals Board:

P.O. Box 8567, Station 'T', Ottawa ON K1G 3H9
email: info@pab-cap.gc.ca fax: 1-877-666-8510

Date Stamp

I disagree with the decision of the Review Tribunal and request leave to appeal.

The date of the Review Tribunal Decision _____, 20 ____

City where the decision was made _____

The date you received the decision _____, 20 ____

Your name, address and telephone number

**If you have an agent or representative,
their name, address and telephone number**

Grounds for appeal: Clearly state the reasons why you are appealing.
What in the Review Tribunal decision do you disagree with? (use a separate sheet if necessary)

Statement of allegations of fact: Clearly state the facts leading up to or surrounding your appeal.
Include evidence you intend to rely on to support your appeal. (use a separate sheet if necessary)

Dated at _____ on the _____ day of _____, 20 ____
(city)

Signature of Appellant / Agent / Representative _____