



To: **Honourable Minister of Development,**
Level 6, Ministry Of Development Building,
Development Road, BB 3510,
Negara Brunei Darussalam.

For Office Use

Appeal Ref : _____

Received By : _____

Date Received : _____

APPEAL FORM

1. APPELLANT

Name

License Number (if known)

Company

Address

Phone

Fax

Email

Other Information

2. REASON FOR BOARD'S DECISION

Case No. :

Board's Decision

Date Of Letter Of Notice [DD/MM/YYYY]



Reason For Appeal

[For disagreement with the decision]

[IMPORTANT: The request to have the Board of APEQS decision appealed must be submitted within 30 days after the service of the Notice of the Order (Section 48).]

I hereby give notice that I am dissatisfied with Board of APEQS decision regarding my request and wish to exercise my right to request a reconsideration of this decision. I attached herewith all relevant supporting documents for your perusal.

Signature

Date

FOR USE OF THE MINISTER OF DEVELOPMENT

Received By :

Honourable Minister of Development

Date: