



**Financial Services
Commission
of Ontario**
5160 Yonge Street
Box 85
Toronto ON M2N 6L9

Dispute
Resolution
Services

Notice of Appeal Form I

Commission file number
P-

**Complete ALL sections.
Attach extra sheets if necessary.**

ARBITRATION DECISION DETAILS

Applicant		Insurer(s)	
Date of Arbitration decision (yyyy/mm/dd)	Arbitrator	Arbitration file number	
		A	

APPELLANT

<input type="checkbox"/> Mr.	Company name OR Last name	First name	Middle name
<input type="checkbox"/> Mrs.			
<input type="checkbox"/> Ms.			
Street address			Apt./Unit
City	Province/State	Postal Code/Zip	Country
Home phone number	Work phone number	Ext.	Fax number
()	()		()
Email address			

APPELLANT'S REPRESENTATIVE

<input type="checkbox"/> Mr.	Last name	First name	File reference number
<input type="checkbox"/> Mrs.			
<input type="checkbox"/> Ms.			
Title	Firm name		
Street address			Apt./Unit
City	Province/State	Postal Code/Zip	Country
Phone number	Ext.	Fax number	Email address (required)
()		()	
The representative is:			
<input type="checkbox"/> Lawyer	Law Society licence number	_____	
<input type="checkbox"/> Licensed paralegal	Law Society licence number	_____	
<input type="checkbox"/> Not required to be licensed	_____		
Specify the type of exemption from the list of exemptions recognized in the Law Society 's by-laws			

REASONS FOR THE APPEAL

Briefly explain the reasons for your appeal (questions of law only).

Extra sheets attached

ACTIONS SOUGHT FROM THE APPEAL

Briefly explain what outcome or result you are looking for in the Appeal.

Extra sheets attached

TRANSCRIPTS

Was the Arbitration recorded?

- No
 Yes

Are you ordering a transcript of the hearing?

- No
 Yes

If **Yes**, you must inform the other party and arrange for a transcript copy to be provided to him/her and the Director's Delegate. State when you expect to receive the transcript. ▼

If **No**, briefly explain why a transcript is not needed for the Appeal. ▼

Extra sheets attached

STAY OF THE ARBITRATION ORDER

Are you asking for a Stay of the Arbitration Order? If **Yes**, briefly explain why you are asking for a Stay. Your reasons should be as complete as possible. ▼
 No
 Yes

Extra sheets attached

APPEAL FROM A PRELIMINARY OR INTERIM ORDER

Are you asking for an Appeal of a Preliminary or Interim Order? If **Yes**, briefly explain why you should be permitted to appeal a preliminary or interim order. Your reasons should be as complete as possible. ▼
 No
 Yes

Extra sheets attached

EVIDENCE

List any evidence that you intend to rely on that was not part of the Arbitration hearing. Explain why this evidence is necessary. Your explanation should be as complete as possible.

Extra sheets attached

SIGNATURE AND CERTIFICATION

I certify that all information in this Notice of Appeal and attachments is true and complete. I realize that copies of all information filed with this Notice of Appeal will be given to the other party in this dispute.

Appellant Name (please print) Title
 Representative

Signature	Date (yyyy/mm/dd)	<input type="checkbox"/> Cheque or money order enclosed	Total number of extra sheets attached ▼
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