

**APPEAL FORM**

**BIO-DYNAMIC RESEARCH INSTITUTE**

**APPLICATION TO THE BDRI APPEALS COMMITTEE FOR APPEAL AGAINST A DECISION**

*This application to be E-mailed to [info@demeter.org.au](mailto:info@demeter.org.au) or posted to BDRI, P.O. Powelltown, Victoria, 3797*

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_  
(if different from above) \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ MOBILE NUMBER: \_\_\_\_\_

FACSIMILE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

DETAILS OF THE DECISION YOU ARE APPEALING AGAINST:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE OF DECISION:  
\_\_\_\_\_

BRIEFLY DESCRIBE THE DECISION: *(If too little space, please attach extra sheet)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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WHY DO YOU CLAIM THE DECISION WAS WRONG? *(If too little space, please attach extra sheet)*

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PLEASE LIST ANY NEW EVIDENCE OR DOCUMENTATION SINCE THE DECISION (AS NOTED ABOVE) WAS MADE:

*Note: Please attach this evidence to your Application.*

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

Signed: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_