APPENDIX A NOTICE OF APPEAL FORM SPORT DISPUTE SOLUTIONS IRELAND APPEAL ARBITRATION



CHECKLIST OF INFORMATION TO BE INCLUDED WITH THE NOTICE OF APPEAL

Name and contact details of person/organisation making the appeal (the Appellant)		
Name and contact details of parent/guardian if Appellant is under 18		
Name and contact details of anyone who may be affected by the Appeal		
Name and contact details of person/organisation representing the Appellant		
Name and contact details of person/organisation against who the appeal is being made (the Respondent)		
Have you appended details of additional Respondents?		
Have you included details of other parties potentially affected by your appeal?		
Have you appended to this form a document that provides for the present appeal to be heard under the SDSI Arbitration Rules?		
Have you included details of the Decision being appealed against?		
Is this Notice of Appeal being lodged within 14 days of the decision being appealed against <u>or</u> other period defined in the rules of the governing body, federation		
or sports body?		
Have you copied the Notice of Appeal to the Respondent?	Ш	
Have you indicated whether you need an urgent appeal?		
Cheque for filing fee (€250) or evidence of electronic funds transfer		

Timeline for an Appeal Arbitration with SDSI



Name of Appellant (Individual or Organisation filing the appeal): Contact details of the Appellant (address, phone, fax, email): Details of Barrister/Solicitor or other Representative of the Appellant: Should all correspondence be sent to **Appellant** \square or **Representative** \square ? If the Appellant is under eighteen, please include contact details of parents/guardians: Parent or legal guardian's signature: If the appeal is being filed by more than one Appellant, please set out the details of the other Appellant(s) on a separate page, which shall be appended to this form. NAME AND ADDRESS OF RESPONDENT(S) Name of Respondent(s): (Individual or Organisation against whom the Appeal is filed): Contact details of the Respondent (address, phone, fax, email): If the Appellant wishes to name additional parties as Respondents to this appeal, please set out the contact details of such additional parties on a separate page, which shall be appended to this form. **AFFECTED PARTIES** Are there any other affected Parties, if so please include their details below:

NAME AND ADDRESS OF APPELLANT

If the Appellant wishes to identify additional parties as affected parties, please set out the contact details of such additional parties on a separate page, which shall be appended to this form. Please note that identifying an individual or organisation as a potentially affected party will not automatically involve that individual or organisation as a party to the arbitration.

4.	JURISDICTION OF SDSI TO HEAR THE APPEAL
	Have you appended to this form, <u>a copy of the statutes, regulations, contract, or other document</u> that provides for the present appeal to be heard under the SDSI Arbitration Rules? Yes \square or No \square ?
5.	DETAILS OF THE DECISION BEING APPEALED AGAINST
	Please include below details of the decision being appealed against including dates of decision and organisation(s)/person(s) involved (use a separate page if necessary):
6.	DETAILS OF APPEAL AND RELIEF SOUGHT
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	Please include an outline of the details of your appeal and what relief you are seeking (use a separate page if necessary):
7.	STAY OF IMPLEMENTATION OF THE DECISION BEING APPEALED AGAINST
	Do you require a stay of implementation of the decision being appealed against? ☐ Yes ☐ No
	If so, please describe the reasons why your application for a stay of implementation of the decision being appealed against should be granted. <i>If necessary, please continue on a separate page</i> , which shall be appended to this form.
8.	URGENT APPEAL
	Do you apply for the present arbitration to proceed in an urgent manner? ☐Yes ☐No
	If so, please describe the reasons why this procedure should take place urgently. If the Parties have already reached an agreement regarding an urgent procedure please detail below:

9.	PRODUCTION OF DOCUMENTS	
	Do you request that the Panel order the Respondent to make a document or other property under its control available for inspection by you or by the Panel, pursuant to Arbitration Rule 26.1(vii)? \Box Yes \Box No	
If so, please identify the documents/property in question and describe their rele arbitration proceedings. If necessary, <i>please continue on a separate page</i> , what appended to this form.		
10.	ARBITRATION PANEL	
	Do you agree to the appointment of a Sole Arbitrator to decide this arbitration? $\square \mathbf{Yes} \ \square \mathbf{No}$	
	Have all Parties to the arbitration already agreed that a Sole Arbitrator shall be appointed to decide this arbitration? $\square Yes \square No$	
	If so, have all Parties agreed to the identity of such Sole Arbitrator? ☐Yes ☐No	
	If so, please indicate the name of the person whom the Parties nominate to act as Sole Arbitrator:	
	Do you request the appointment of a three-member Arbitration Panel? ☐Yes ☐No	
	If so, please nominate the arbitrator whom you wish to appoint to such a three-member Arbitration Panel:	
11.	PROCEDURAL AGREEMENTS AND PROPOSALS	
	Have the parties reached agreement or wish to make any proposals regarding any procedural matters or any variation from these Arbitration Rules? $\Box \mathbf{Yes} \Box \mathbf{No}$	
	If so, please describe the agreement/proposals:	

13. COMMUNICATION

The SDSI Secretariat is responsible for the administration of the SDSI dispute resolution service. All correspondence or queries relating to SDSI should be addressed to the SDSI Secretariat at:

Sport Dispute Solutions Ireland,

Irish Sport HQ, National Sports Campus, Blanchardstown, Dublin 15, Ireland. Telephone: +353 (0)1 6251155 Fax: +353 (0)1 6251156

E-mail: registrar@sportdisputesolutions.ie Website: www.sportdisputesolutions.ie

Please note that all communications sent in connection with the present arbitration shall be sent in compliance with SDSI Arbitration Rule 57. All of the parties' submissions and correspondence, including the Notice of Appeal, Statement of Arbitration, Notice and Statement of Arbitration and Reply shall be filed by courier, post, email or facsimile.

14. FILING FEE

The SDSI filing fee of **two hundred and fifty euro (€250), which is non-refundable**, shall be paid directly into the SDSI bank account. Proof of payment of the filing fee shall be appended to this form when the Notice of Appeal is filed with SDSI.

The SDSI Bank Account details are as follows:

Account name: Sport Dispute Solutions Ireland

Bank branch: Bank of Ireland, College Green, Dublin 2, Ireland.

Account number: 72124483 Sort Code: 90-00-17

IBAN: IE 52BOFI 9000 17 7212 4483 BIC/Swift Code: BOFT IE 2D

Have you appended proof of payment of the filing fee to this form? \Box Yes \Box No

15. SERVICE OF NOTICE OF APPEAL

Pursuant to SDSI Arbitration Rule 57, all communications from the Parties intended for SDSI or the Panel shall be sent by courier, post, facsimile or email to the SDSI Secretariat, failing which they shall be declared inadmissible. A Party filing a submission or sending correspondence to SDSI or the Panel shall ensure that a copy of such submission or correspondence is, at the same time, served on the other Parties to the arbitration.

SIGNATURE Name of Signatory:				
If someone other than the Appellant signs this Notice of Appeal, please indicate the nature of the signatory's relationship with the Appellant/Organisation:				
Date:	Signature:			

IMPORTANT NOTICE TO THE APPELLANT AND RESPONDENT

Please read the SDSI Rules (available at www.sportdisputesolutions.ie) for details of the timelines involved in submission of Statement of Arbitration and Reply.