

NOTICE OF SERVICE

(TO BE ATTACHED TO FORM 10)

I,

Title

First Name

Surname

hereby certify that on the

Day

 day of

Month

 20

Year

I served upon the Respondent named in the attached Notice of Appeal from Decision Denying Therapeutic Use Exemption (TUE) a true copy of the Notice of Appeal from Decision Denying Therapeutic Use Exemption (TUE) and supporting documents.

Attached hereto is a copy of the Notice of Appeal from Decision Denying Therapeutic Use Exemption (TUE) and supporting documents which I served on the Respondent. I have initialled each page of the Notice of Appeal from Decision Denying Therapeutic Use Exemption (TUE) and supporting documents as evidence that these are true copies of the documents so served.

Dated the

Day

 day of

Month

 20

Year

Signed

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