

# FORM 10

## NOTICE OF APPEAL AGAINST DECISION DENYING THERAPEUTIC USE EXEMPTION (TUE)

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### 1. Details of the Applicant (person appealing the decision denying TUE)

Name	Title	First Name	Surname
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal Address	Street	Suburb	
	<input type="text"/>	<input type="text"/>	
	City	Postcode	
	<input type="text"/>	<input type="text"/>	

Contact Person for this application

Name	Title	First Name	Surname
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position	<input type="text"/>		
Telephone (Wk)	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		

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### 2. Details of Respondent (organisation whose decision to deny TUE is being appealed)

Note: the Respondent will usually be the Sport Integrity Commission

Name	Title	First Name	Surname
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal Address	Street	Suburb	
	<input type="text"/>	<input type="text"/>	
	City	Postcode	
	<input type="text"/>	<input type="text"/>	
Telephone (Wk)	<input type="text"/>	(Hm)	<input type="text"/>
		Mobile	<input type="text"/>
Email	<input type="text"/>		

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### 3. Details of Representative

Please insert the details of your legal representative or other person, if any, who will be representing the Applicant in these Proceedings.

Name of representative	<input type="text"/>		
Firm/company	<input type="text"/>		
Postal Address	Street	Suburb	
	<input type="text"/>	<input type="text"/>	
	City	Postcode	
	<input type="text"/>	<input type="text"/>	

Contact person for this application

Name	Title	First Name	Surname
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position	<input type="text"/>		
Telephone (Wk)	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		

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#### 4. Interested Parties

Are there any other persons or organisations who or which may be directly affected by, or who has a sufficiently close interest in, the outcome of these Proceedings? If so please insert their contact details. Continue on a separate page if necessary.

Name	Title	First Name	Surname
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal Address	Street	Suburb	
	<input type="text"/>	<input type="text"/>	
	City	Postcode	
	<input type="text"/>	<input type="text"/>	

Contact person for this application

Name	Title	First Name	Surname
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position	<input type="text"/>		
Telephone (Wk)	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		

Reason person(s) may be affected or have a sufficiently close interest in outcome:

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#### 5. Jurisdiction

Specify the basis on which the appellant has a right to appeal the decision denying the TUE. (i.e. give details of the relevant rules or regulations which give a right of appeal to the Sports Tribunal. eg: Rule 15.4.1 of the Sports Anti-Doping Rules 2024. If there is some other jurisdictional basis for the right of appeal specify it).

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#### 6. Urgency

Are there grounds for suggesting this appeal should be heard on an urgent basis?  Yes  No

If yes, please describe below the reasons why you consider there is urgency in hearing the appeal.

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## 7. Decision being appealed

Please provide details of the decision which you are appealing against, including which committee or person within the Respondent made the decision, the date it was made, and the nature of the decision.

Please also attach a copy of the decision being appealed to this application.

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## 8. Grounds of Appeal

Specify the grounds or reasons upon which you are appealing the decision denying the TUE and specify why or how you consider the decision of the Respondent was wrong or incorrect (continue on a separate page if necessary). Please also attach to this Notice of Appeal any statements of evidence from your witnesses (if any) and exhibits and documents which you intend to reply upon in this appeal.

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## 9. Outcome Sought

Please specify the outcome you are seeking from the appeal.

Signed

Day / Month / Year

Date

### Filing and Service Instructions

1. This application should be signed and filed with the Registrar of the Sports Tribunal at the email address given below.
2. The application should be accompanied by a copy of the applicable rules and regulations which give the Appellant jurisdiction to bring the appeal to the Sports Tribunal as well as a copy of the decision of the respondent denying the TUE which is being appealed against. Copies of all supporting documents upon which the Appellant relies (including witness statements) should also be attached to this application.
3. The Appellant is to serve a copy of this Application and attachments on the Respondent as soon as practical after the original has been filed with the Tribunal. After serving the documents on the Respondent, the Appellant is to inform the Registrar of service by email or on the Notice of Service Form.

The Registrar  
Sports Tribunal of New Zealand  
PO Box 3338  
Wellington 6140

Phone: 0800 55 66 80  
Email: [info@sportstribunal.org.nz](mailto:info@sportstribunal.org.nz)  
Website: [www.sportstribunal.org.nz](http://www.sportstribunal.org.nz)