

NOTICE OF SERVICE

(TO BE ATTACHED TO FORM 11)

I,

Title

First Name

Surname

hereby certify that on the

Day

 day of

Month

 20

Year

I served upon the Appellant, a true copy of the Statement of Defence to Appeal from Decision Denying Therapeutic Use Exemption (TUE) and supporting documents.

Attached hereto is a copy of the Statement of Defence to Appeal from Decision Denying Therapeutic Use Exemption (TUE) and supporting documents which I served on the Appellant. I have initialled each page of the Statement of Defence to 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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