

National Administration Committee (NAC) - Appeal Form

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|--|--|-------------------|--|
| CEP Transaction ID | | WIID | |
| Last Name | | Given Names | |
| Nicknames or other traditional names not indicated on your application | | Date of Birth | |
| Indian Residential School(s) at which you lived | | Years lived there | |
| Years confirmed | | Years denied | |

Please state your reasons for appealing the decision of the Government of Canada concerning your application for Common Experience Payment. Please provide any information you have to support your appeal, as well as any information that you feel may be relevant to the appeal. If no information is available, please let us know if you are aware of the reasons why it is not available. If you need to, you may provide additional pages.

CEP Appeal Administrator
Suite 3 - 505, 133 Weber St. N.
Waterloo, ON N2J 3G9