



**NATIONAL HEALTH INSURANCE  
NOTICE OF APPEAL**

**Form L**

Chairman  
Appeal Tribunal  
P.O. Box 698  
Road Town, Tortola  
British Virgin Islands

Appellant's Full Name: .....

Address: .....

NHI Membership No.....Telephone No.....

I hereby give **NOTICE OF APPEAL** against the decision of the Director which was given on  
.....day of ..... 20..... in respect of my claim for  
.....

**The grounds for my appeal are as follows:**

Appellant's Signature ..... Date .....

**Notice of appeal must be given within 21 days of the decision of the Director. All supporting documents are to be submitted with your Notice of Appeal.**

**DATE STAMP**

**OFFICIAL USE ONLY**

Officer's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date Received: \_\_\_\_\_ Date: D\_\_\_\_ M\_\_\_\_ Y \_\_\_\_

Date acknowledgment reply issued: Date: D\_\_\_\_ M\_\_\_\_ Y \_\_\_\_