IAFT-5 Part A

Appeal against an in Country [Asylum/Immigration] Decision Information sheet

Complete this form if you are appealing from **inside** the United Kingdom and you have the right to do so. To help you complete this form, refer to the guidance provided. Help can also be found at https://www.gov.uk/immigration-asylum-tribunal.

You can also lodge your appeal online and pay your fee at https://immigrationappealsonline.justice.gov.uk/IACFees
Please retain this information sheet.

Completing the form

The completed form should be:

- Written in English
- Written in BLOCK CAPITAL LETTERS using black ink
- Received by the Tribunal at the address shown on bottom of Part B no later than 14 Calendar days after
 you are sent the Refusal Letter by the Home Office.

✓	Please tick the boxes where appropriate, to show your answer
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Checklist

Before yo	u submit your appeal use the checklist below to ensure that we can successfully create your appeal.
	Have you provided credit/debit card details?
	Have you enclosed a copy of your Refusal Letter ?
	Have you enclosed a copy of the Reasons for Refusal which were attached to your Refusal Letter?
	Have you provided details of the Grounds of your appeal?
	Have you provided us with Out of Time reasons (if applicable)?
	Have you provided us with photocopies of your documents? (Do not send original documents e.g. Passport, Marriage/Birth certificate/ID Card)
	Have you completed all the relevant sections?
	Have you signed the three declarations at page 1, page 11 and page 12?

Please Note: Incomplete appeal forms will be returned to addressee.

IAFT-5 Part B

Appeal against a post IA 2014 In Country [Asylum/Immigration] Decision Information sheet

Returning the form

- Please detach this information sheet to keep for your records; please do not send it with the completed form.
- You must send all pages of a completed form to the First-tier Tribunal in the United Kingdom together with your fee (if applicable) by providing us with your credit/debit card details on page 1.
- Please note, we are unable to accept cash, cheques or American Express.
- To avoid delays to your appeal, you can submit your appeal online (see link on top of page 1) where you can pay your fee using a debit or credit card.
- If you submit your appeal without payment details, the Tribunal will write to you with further instructions about how you can pay your fee, this will delay the processing of your appeal.
- Send your completed appeal form **together with a copy of your Refusal Letter** and any other documents to the First-tier Tribunal either by **post** to:

First-tier Tribunal (Immigration and Asylum Chamber)

PO Box 6987 Leicester LE1 6ZX

United Kingdom **Or** you can FAX to: 0044 (0)870 739 4053

• You can either post **or** fax your appeal but **do not do both**, as this could cause delays to your appeal and result in payment being taken more than once.

Documents to send

You must provide:

- The signed and completed Appeal Form (IAFT-5) for each person wishing to appeal
- A copy of your Refusal Letter (if you do not send this you must explain why)
- A copy of the Reasons for Refusal (which you should have received with the Refusal Letter)
- **Photocopies** of any other documents in support of your appeal (in English or a certified translation)
- A completed **Application for Anonymity** form if you do not want the Tribunal to publish your name on any court documents which can be viewed publicly.

Please do not provide any original documents (e.g. Passports, Marriage/ birth Certificates, Identification cards).

Handling such documents results in a delay to our process. Alternatively, you can provide photocopies.

Changes and contacting us

You **must** notify the Tribunal in writing if you change your address or representative. If you need to contact us after you have made your appeal, the details are:

 By letter to:
 Telephone:
 0044 (0)300 123 1711

 First-tier Tribunal
 By fax to:
 0044 (0)870 739 5895

(Immigration and Asylum Chamber)

By e-mail: customer.service@hmcts.gsi.gov.uk

PO Box 6987 Leicester LE1 6ZX

IAFT-5

Appeal against a post IA 2014 In Country [Asylum/Immigration] Decision Paying your appeal fee

Unless your appeal is of a type exempt from payment, you are in receipt of Legal Aid or Asylum Support or support under Section 17 of the Children's Act 1989, or you have applied for and received a fee remission under the Lord Chancellor's exceptional power **you will need to pay a fee**. If you do not do so, your appeal will either be rejected or struck-out without a decision being made on it.

More information about the circumstances where you do not have to pay a fee can be found in our fees guidance leaflet T495 available from http://hmctsformfinder.justice.gov.uk

To pay your fee using a payment card, please provide the details below. You should ensure that the payment card you provide has sufficient credit to cover the fee, which will be taken in Pounds Sterling. If your card is declined then your appeal will be delayed whilst we contact you for an alternative payment.

Please note that as an alternative to sending this form to the Tribunal, you can lodge and pay your appeal online at https://immigrationappealsonline.justice.gov.uk/IACFees

If you are unable to pay now using a payment card, you should send your appeal ensuring that you sign the declaration on page 11 to indicate that you understand that a fee is payable, and will pay the fee when given instructions to pay by alternative methods.

Tribunal staff, on behalf of the Lord Chancellor, will write to you once your appeal is received, providing you with details of the methods available for you to pay your fee.

Please note, we are unable to accept cash, cheques or American Express.

Payment card details

If you are paying your fee by payment card, please enter the details below. You should ensure that you enter them carefully since if the Tribunal is unable to process these details it could delay your appeal. **Do not send in your credit card details to us more than once** unless we write to you asking that you submit further card details to us.

Once your payment has been processed, the Tribunal will destroy your card details.

By completing the details below, you authorise HM Courts and Tribunals Service to debit from the payment card the appropriate fee for your appeal.

Signed (cardholder)	Date / / /
Name	
Email receipt required? (if yes, please tick box)	Email address
Card number	
Name on the Card	
Start date (mm/yy)	Expiry date (mm/yy)
Issue or CVC Number (CVC number is the last 3 digits on signature strip)	

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Form IAFT-5

Appeal against a post IA 2014 In Country [Asylum/Immigration] Decision

a.	Do you want to	o have your appea	l decided at an oral hea	aring or on the papers?	(tick one box)
	Oral Hearing		entative plan to attend. You	nt to have an oral hearing that you will need to pay the appropriate	
	Paper Hearing		ermined on the papers prov	ne will attend and you want to vided. You will need to pay the	
) .	hearing, please n	en to have an oral nark the box of anyon nding your hearing.	Sponsor e Witness	Your representative	
: .		t of legal aid funding,	Legal Aid	Asylum Support	
		Funding or support Children Act 1989? oropriate.	Section 17	No (If no, complete pay on page 1)	ment details
	-	ride a reference and a may result in a fee be	nny supporting document ing required.	s.	
	Legal Aid/Asylun	n support Ref Number	r:		
d.			Yes (If yes, give detain table below)	☐ No ils in the	
		e that the total fee yo eparate sheet if require		by the Tribunal based on this infor	rmation
	Name		Relationship	Appeal numb Post reference n	
		Please se	ee page 1 for details of ho	w to pay a fee	
			For Staff Use Only		
	Lord Chancellor's	S Certificate of Fee Sat	isfaction issued	Date ///////////	
	No Lord Chancel	lor's Certificate of Fee	Satisfaction issued	Date ////////////////////////////////////	

F	ID	2	Т	_	ГΙ	F	R	7	ΓĢ	21	R	1	11	٠Ĺ	Δ	ı	I۸	Λ	٨	Λ	1	R	Δ	т	1	7	۸	1	Δ	٨	IГ	`	Δ	C	٧	Ί	П	۱	Λ	(ŀ	4	Δ	٨/	IP	٤F	: [Ş

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Form IAFT-5

Appeal against your Home Office decision

	eal Lodged: T(IAC) use only)	Type of Decision Protection (PA) Human Rights (Revocation of P EEA (EA) Deprivation of C	HU) rotection Status (RP)	(tick one box)
Secti	on 1 – Personal Information			
a.	Family name or surname (for instance as shown on your passport)			
b.	Given or first name(s) (for instance as shown on your passport)			
c.	Title	Mr Mrs	Miss Ms C	Other
d.	Date of birth (Day/Month/Year)			
e.	Gender	Male	Female	
f.	Address where you can be contacted.			
	Notice: : If you are detained, please provide the address where you are currently held (Prison, IRC or Detention centre) Notice: If you change your address, you must notify the First-tier Tribunal immediately in writing.	Postcode:		
g.	Appellant's email address			
h.	Prison Reference (if applicable)			
i.	Nationality (if more than one, state all)			
j.	If you have chosen to have an oral hearing, who will be attending?	Yourself	Your representative	Witnesses
k.	Will anyone giving evidence at the hearing need an interpreter?		details below)	No
	If more than one language or interpreter is required, you may wish to indicate on a separate sheet. Please do not request an English interpreter.	Who: Language: Dialect:		
l.	If anyone attending the hearing has a disability, state any special requirements they have.			

	Are removal directions currently set for your removal?	☐ Yes ☐ No
	Time of removal (insert time and circle AM or PM)	AM / PM
	Date of removal	
	Are you currently serving a criminal sentence?	☐ Yes ☐ No
•	If yes, what date is your sentence due to end?	
•	What category prisoner are you?	A B C D (please circle as appropriate)
ct	ion 2 – Your Home Office Decision (refe	er to your Refusal Letter)
•	Home Office reference number	/
•	Port reference	/
•	COHID reference	
•	Home Office A-N reference	
•	Date of Application to Home Office	
	Date of Home Office Decision	
•		
	Method of service of decision	Post Fax/Personal service
	Method of service of decision	☐ Post☐ Fax/Personal service☐ Courier☐ Other (please specify)
	Method of service of decision Date Refusal Letter sent by Home Office	
•		

If you are detained under the Immigration Acts or in prison serving a criminal sentence,

Applying for Anonymity

The Tribunal will publish your name on documents relating to your case which can be viewed publicly. You can apply to the Tribunal for anonymity which, when granted, will result in the Tribunal removing your name from all published documents.

The Application for Anonymity form can be found online at http://hmctsformfinder.justice.gov.uk/HMCTS/FormFinder.do and should be completed and returned with this appeal form.

Section 3 – Your Appeal

Your appeal must be received at the **Tribunal via the address** shown on Part B of the information sheet no later than **14 Calendar days** after you are sent the Refusal Letter by the Home Office.

a .	Late appeal If you know your appeal is late, or you are not sure if it will be received in time, you must apply for an extension of time Explain why your appeal is late in this box below. Attach any evidence /additional sheets if necessary.
).	If you are sending any other documents with this form to support your appeal, they must be in English or a certific translation. Please list them here:
•	If you are intending to send other documents which you intend to rely on at the hearing but have not yet been made available to you, please list them here:

d. Grounds of your appeal

- You **must** let us know the reasons you disagree with the decision on the in the Refusal Letter document.
- Include any information that has not been mentioned in the Refusal Letter and say whether you have raised these issues before.
- You **must** give as much detail as possible and should raise all the grounds of appeal you wish to rely on. The Tribunal is not permitted to consider grounds that you raise which have not been the subject of a decision by the Home Office unless the Home Office agrees to the Tribunal considering those new grounds.
- Attach any evidence/additional sheets of paper if necessary.
- If your appeal relates in whole or in part to a refusal of a **Protection claim**, complete **boxes 1 and/or 2** that apply to you.
- If your appeal relates only to the refusal of a **Human Rights claim**, complete **box 3**.
- If your appeal relates only to a **Revocation of Protection Status Decision**, complete all of **boxes 4 and 5** that apply to you.
- If your appeal relates in whole or in part to an **EEA Decision**, complete **box 6**.
- If you are not sure which boxes apply to you or if your appeal is against the **Deprivation of Citizenship** write your grounds in **box 7**.

Protection Decision	ion	
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•	Please explain why your removal from the United Kingdom would breach the United Kingdom's obligations under the Refugee Convention.
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	Please explain why your removal from the United Kingdom would breach the United Kingdom's obligations in relation to persons eligible for a grant of humanitarian protection.
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	Please explain why your removal from the United Kingdom would breach the United Kingdom's obligations relation to persons eligible for a grant of humanitarian protection.

Human Rights Decision

3.	Please explain why the decision to refuse your human rights claim is unlawful under section 6 of the Human Rights Act 1998. You should specify which article of the Human Rights Act you are appealing under.
Re	evocation of Protection Status Decision
	Please explain why the decision to revoke your protection status breaches the United Kingdom's obligations under the Refugee Convention.
5.	Please explain why the decision to revoke your protection status breaches the United Kingdom's obligations in relation to persons eligible for humanitarian protection.

Denrivati	on of Citizensh	in Decision					
-	re unsure which b	-	e or if your app	oeal is against tl	ne deprivation	n of citizenship	please pr
	in this box.	·	,	_	·	•	
New Mat	ers						
	e ers Cribe in this box ar	ny new reasons	s for:				
- wishing t	cribe in this box ar o enter or remain	in the UK, or					
Please deso - wishing t - grounds	cribe in this box ar o enter or remain on which you sho	in the UK, or uld be permitt	ed to enter or				
Please deso - wishing t - grounds - grounds	cribe in this box ar o enter or remain on which you sho on which you sho	in the UK, or uld be permitt uld not be rem	ed to enter or loved from or	equired to leav	e the UK prov		
Please dese - wishing t - grounds - grounds informed	cribe in this box ar o enter or remain on which you sho	in the UK, or uld be permitt uld not be rem about these re	ed to enter or loved from or lasons in respo	equired to leav	e the UK prov		

f.	Have you appealed against any immigration decision in the Uni		Yes If yes, give details below	No
	Kingdom or overseas?	teu	Date	Appeal number (if known)
g.	To the best of your knowledge as belief has any member of your f a Dependant or anyone plannin accompany you made an appea they planning to appeal against Kingdom immigration decision?	amily, g to Il or are a United	Yes If yes, give details in the	table below No
	Name		Relationship	Appeal number/ HO reference number
Secti	on 4 – Your declaration			
If you a	re the appellant and are complet	ing this form	yourself, you must sign and da	te this declaration.
Decl	aration by appellant			
I, the	appellant, believe the facts stated	d in this appe	eal form are true.	
in acc				rd details, I undertake to pay the fee r a Lord Chancellor's Certificate of
	Signature:			Date: / / /
		Data	Due to etion etatement	
Ind	والإجازا ومرود ومناوراوما وماسواهما		Protection statement	ha waad hy tha First tian Trib wal far
any pu		ion of your a	pplication. The information ma	be used by the First-tier Tribunal, for y be disclosed to other government

Secti	on 5 – Representative details (refer to	o guidance notes)
a.	Name of Representative	
b.	Name of Representative's Organisation (if any)	
c.	Postal address for correspondence	
		Postcode:
d.	Reference for correspondence	
e.	Telephone number	
f.	Mobile telephone number	
g.	Fax number	
h.	Email address	
i.	Legal Aid reference number	
j.	Legal Aid Area	
Secti I, the	on 1 of this form	in accordance with the appellant's instructions and the appellant are true.
	Representative's Signature:	Date:/
Lega	l Aid	
I, the		in receipt of Legal Aid and is therefore exempt from paying a fee
	Representative's Signature:	Date:/

Notice to representatives

You must notify the First-tier Tribunal, and other parties, if you cease to represent the appellant. If the appellant changes representative, details of the new representative should be sent to the same address to which you are sending this form. Please give **the appellant's full name, address**, and **Post Reference number**.