

**SCHEDULE 4 TO
PROTOCOL FOR AVAT NO FAULT COMPENSATION SCHEME**

**NOTICE OF APPEAL OF REJECTED APPLICATION
UNDER THE AVAT NO FAULT COMPENSATION SCHEME**

NOTE TO ADMINISTRATOR: Please attach the Contact Information for the Program's Regional Centers as Annex 2 to this appeal form. Note that Annex 1 (Overview of "What Happens Next") to this appeal form is already embedded at the end of this document.

IMPORTANT NOTICES/INSTRUCTIONS FOR APPLICANTS:

1. **When to Use this Form:** Please use and submit this Notice of Appeal Form only if you are appealing the rejection of the original Application on the grounds that it does not constitute a Receivable Claim under the Program. If you are appealing the denial of a Receivable Claim, then (1) do not use this form and (2) please use the Notice of Appeal for Denied Receivable Claims available at www.avatclaims.com. Please see Sections 4 and 7 of the Program's Protocol for more information regarding the appeals process for rejected Applications.
2. **Accepted Languages:** This Notice of Appeal must be completed and submitted in English at Program outset, and subsequently in French or Portuguese. If this Notice of Appeal is completed or submitted in any other languages, it cannot be accepted or considered.
3. **Applicant to Complete this Form:** You should complete all sections/questions in this Notice of Appeal Form. Please provide as much detail and information as possible.
4. **Name, Signature and Date Required:** You should insert your full name, sign and date in the spaces provided under Section F of this Notice of Appeal Form, before submitting it to the Administrator.
5. Failure (i) to complete all sections under this Notice of Appeal Form, or (ii) to sign, date and insert your full name in this form, will lead to the rejection of this Notice of Appeal Form or delays in processing it.
6. **No Additional Supporting Documents Permitted:** Please do not provide or enclose any additional documents with this Notice of Appeal Form (other than those that may be required pursuant to Section B). Only the following documents will be considered for purposes of this Notice of Appeal (in addition to that may be required pursuant to Section B): (i) this Notice of Appeal, (ii) the original Application Form, (iii) the Supporting Evidence Form, and (iv) any additional information and/or documentation that may have been requested by the Administrator and that was submitted in a timely manner.
7. **Deadline for Submission:** You must submit this Notice of Appeal form to the Program's Administrator within 90 days after the date of the Administrator's notice

of rejection of your Application. If this Notice of Appeal is submitted after this deadline, it will not be accepted or considered under the Program.

8. How to Submit this Form: Once this Notice of Appeal Form has been duly completed, signed and dated, you must submit this Notice of Appeal to the Program's Administrator, by any of the following means:

- By uploading them to the Program's web portal, available at www.avatclaims.com;
- By emailing them to avatclaims@esis.com; or
- By sending them by regular mail to one of the Program's Regional Centers, whose addresses appear on Annex 2 (Contact Information of Regional Centers) attached to this form and are also available on the Program's website at www.avatclaims.com.

9. Definitions: Capitalized terms used but not defined in this Notice of Appeal have the meaning given to them in the Program's Protocol, available at www.avatclaims.com.

10. What Happens Next? Please see Annex 1 attached to this Notice of Appeal for a brief overview of "what happens next" after this duly completed, signed and dated Notice of Appeal Form has been submitted to the Program's administrator within the relevant deadline.

NOTICE OF APPEAL OF REJECTED APPLICATION

Section A – Details of the Patient

Please set out below the requested details of the Patient

The information to be provided in this Section A should be the same information as provided previously in Section 1 of the original Application.

First Name:	Middle Initial:	Last Name:
Home Address (including region and country):		
Home phone, if any:	Mobile phone, if any: WhatsApp phone number, if any:	Email, if any:
Date of Birth (day/month/year):	Place of birth:	Sex:

Section B – Details of the person who has the legal power to submit this Notice of Appeal for the Patient (i.e., if that person is not the same as the Patient)

If the Patient: (a) has died; or (b) is disabled to the extent that the Patient cannot submit this Notice of Appeal himself/herself; or (c) is a child; or (d) does not have legal capacity for any reason to submit this Notice of Appeal himself, then another person who has the legal power to submit this Notice of Appeal for the Patient must do so.

In the above cases, please provide below the details of the person with the legal power to submit this Notice of Appeal for the Patient.

IMPORTANT NOTES/INSTRUCTIONS:

1. The information provided in this Section B should be the same information as provided previously in Section 2 of the original Application, unless the person who submitted the original Application for the Patient has changed, in which case the new person having the legal power to represent the Patient must submit, together with this Notice of Appeal: (i) all information required by Section 2 of the Application form, and (ii) new documentation as required under Section 8(c) of the Application form.
2. If the original Application was submitted by the Patient himself or herself, but since that submission the Patient: (a) has died, or (b) has become disabled to the extent the Patient cannot submit this Notice of Appeal form himself/herself; or (c) has lost the legal capacity for any other reason to submit this Notice of Appeal form, then the individual submitting this Notice of Appeal for the Patient must also submit, together with this Form: (i) all information required under Section 2 of the Application form, and (ii) documentation as required under Section 8(c) of the Application form.

First Name:	Middle Initial:	Last Name:
Home Address (including region and country):		
Home Phone, if any:	Mobile phone, if any: WhatsApp Phone, if any:	Email, if any:
Date of Birth (day/month/year):	Relationship to the Patient:	

Section C – Details of the rejected Application

Please set out the details of the rejected Application to which this Notice of Appeal relates. The information requested in this Section C appears in the Application rejection notification that was sent to the Applicant by the Program's Administrator. The information requested in this section is essential for the appeal of the rejection of the original Application to proceed.

If you believe that there is an error in the information contained in the Application rejection notification, please nevertheless use the information that appears in the Application rejection notification and, under Section D below, explain why this information is incorrect.

Application number:	Date (day/month/year) of Application:
Location where Application was submitted:	Date (day/month/year) of Application Rejection Notification:

Section D – Reasons for appeal

In your own words, please set out in the box below the reasons why you consider that the Application should be Receivable under the Program.

Please do not refer to any documents or evidence, except for: (i) the original Application form, (ii) the Supporting Evidence form, and (iii) any additional information and/or documentation that may have been requested by the Administrator and that was submitted in a timely manner to the Administrator as of the date of the Application rejection notification.

Please do not attach any documents to this Notice of Appeal.

Section E – Applicant confirmations

By signing and submitting this Notice of Appeal, the Applicant confirms all consents, agreements, certifications and declarations provided in Sections 10 to 13 of the original Application and acknowledges, agrees and certifies as follows:

- a. In the event of any conflict or inconsistency between the English language version of this Notice of Appeal and any translations hereof, the English language version shall control and prevail in all respects; and
- b. The statements and answers contained in this Notice of Appeal are true and correct to the best knowledge and belief of the Applicant; and should any of those statements or answers not be true, the Administrator shall have the right, where

applicable, to refer this appeal to the relevant law enforcement authority for further investigation.

Section F – Signature, Name and Date

The Applicant (i.e., the Patient or the individual submitting this Application on behalf of the Patient, as applicable) has signed this Notice of Appeal of Rejected Application as of the date set forth below.

Signature: _____

Full Name: _____

Date: _____

Place: _____

[END OF NOTICE OF APPEAL OF REJECTED APPLICATION]

ANNEX 1

TO NOTICE OF APPEAL OF REJECTED APPLICATION

OVERVIEW OF WHAT HAPPENS NEXT

What happens after this Notice of Appeal of Rejected Application has been duly completed and submitted?

1. Within 7 days after the Program's Administrator has received a duly completed, signed and dated Notice of Appeal of Rejected Application submitted within the applicable deadline, the Administrator will provide the Notice of Appeal (together with any documents that may be required pursuant to Section B, the original Application Form, the Supporting Evidence Form, and any additional information and/or documentation that may have been requested by the Administrator and that was submitted in a timely manner to the Administrator as of the date of the Application rejection notification) to the Administrator's Vice President of Risk Consulting.
2. Within 30 days of receipt, the Administrator's Vice President of Risk Consulting: (i) will review the Notice of Appeal of Rejected Application, together with the other documents mentioned above, and (ii) on this basis, he will make a determination of whether to uphold or reverse the prior rejection of the Application in question.
3. The Administrator's Vice President of Risk Consulting will communicate his determination to uphold or reverse a prior rejection of an Application (including the grounds for his determination) in writing to the Administrator as soon as he has made a determination, and in any event within 7 days thereafter.
4. The Administrator will send the Applicant a written notice of the above mentioned determination, including the grounds thereof, as soon as possible after the Vice President has submitted this determination to the Administrator, but no later than 14 days thereafter.

The decision of the Administrator's Vice President of Risk Consulting pursuant to this Notice of Appeal is final and cannot be appealed.