

# Tax Court of Canada

Please Print in Ink



# Notice of Appeal

## Type of Appeal

Employment Insurance Act

Canada Pension Plan

Date of the Minister's Decision (from the Canada Customs and Revenue Agency)

Employer/Employees named in the Minister's Decision

## Name and Address of Appellant

Mr.

Mrs.

Ms.

Miss

Full name of Individual or Company Name

Address

City

Province

Postal Code

## TCC USE ONLY

Appeal no.:

( )

Telephone number(s):

Home: ( ) -

Work: ( ) -

Fax: ( ) -

Internet (if applicable):

## If You Are Not Representing Yourself, Please Complete the Following

Name of Representative

Name of Firm

Address

City

Province

Postal Code

## Type of Representation

Lawyer \_\_\_\_\_

Accountant \_\_\_\_\_

Other, please specify: \_\_\_\_\_

Telephone Number(s)

Work: ( ) -

Other: ( ) -

Fax: ( ) -

Internet: \_\_\_\_\_

