

This form may be completed online. Go to [www.agriappeals.gov.ie](http://www.agriappeals.gov.ie).

An Oifig Achomhairc  
Talmhaíochta

Agriculture  
Appeals Office



## Notice of Appeal Form (NOAF)

### Complete this form in full (Please use block capitals)

1. Herd/Contract/Scheme/Cereal/Partnership Number: \_\_\_\_\_

2. Name: \_\_\_\_\_

3. Address: \_\_\_\_\_  
\_\_\_\_\_

4. Eircode: \_\_\_\_\_

5. Email Address\*: \_\_\_\_\_

**\*Please note, by providing an email address, correspondence from the Agriculture Appeals Office, may issue to you via email.**

6. Contact Number: \_\_\_\_\_

7. Scheme/Programme/Measure under appeal: \_\_\_\_\_  
(e.g., BPS, BISS, BDGP, ACRES, TAMS etc.)

8. Scheme Year: \_\_\_\_\_

9. Department Officer who issued the Review/Decision: \_\_\_\_\_

10. Date of the Department Review/Decision: \_\_\_\_\_

### **N.B. You must enclose a copy of the Department's Review/Decision Letter**

11. Do you wish a Representative/Advisor to receive a copy of correspondence that the Agriculture Appeals Office may issue to you, if so, please tick the box.

12. Please give Representatives Name, Address, Email address and Contact Number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. In relation to your appeal, please choose one option, do you wish to have an:

Oral Hearing  Remote Oral Hearing (Online)  Non-Oral Hearing

- Please note that if you request an Oral Hearing you must attend in person.
- A Remote Oral Hearing is where an Oral Hearing takes place via Electronic means e.g. Webex (similar to 'Zoom' or 'Teams').

14. If you wish to be accompanied at the Oral Hearing, you may bring up to two representatives. If at this stage, you are in a position to provide these details, please give their Name(s) and Profession:

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15. List and enclose any relevant documents that you wish to have considered.  
A copy of the Department's final decision should be enclosed.

- A. 

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- B. 

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- C. 

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- D. 

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Provide Herd/Contract/Scheme/Cereal/Partnership Number:
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## Grounds of Appeal

Please outline the facts and contentions in support of your appeal below. Set out all the relevant facts that you wish to have considered. Attach additional sheets if necessary. Please write your Name and Herd/Contract/Scheme/Cereal/Partnership Number on each additional sheet.

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Personal data processed by the Agriculture Appeals Office will only be used for the specific purpose(s) as outlined in detail in the Data Protection section on the Office's website [www.agriappeals.gov.ie](http://www.agriappeals.gov.ie).

I understand that all personal data will be processed in accordance with the Data Protection Act 1988 and 2003.

\*Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Please note, only the APPELLANT is to sign here (include all names under the herd number if more than one)**

**Checklist before submission**

- |   |        |
|---|--------|
| 1. Scheme under appeal is covered by the Agriculture Appeals Office.                            | Yes/No |
| 2. Internal review by the Department of Agriculture, Food and the Marine is completed.          | Yes/No |
| 3. Review/Decision is within the last three months.   | Yes/No |
| 4. All information requested has been provided (including a copy of the Review/Decision Letter) | Yes/No |

You should have answered **YES** to all of the above

**Contact Details:**

Agriculture Appeals Office  
Kilminchy Court  
Portlaoise  
Co. Laois  
R32 DTW5

Tel: 05786-67167

Email: [appeals@agriappeals.gov.ie](mailto:appeals@agriappeals.gov.ie)

***Official use only***

Eligible Scheme:	Yes/No
In time:	Yes/No
Dept Review carried out:	Yes/No
Appeal No:	_____
Completed by:	_____
Checked by:	_____

Please be advised if you are attending the Agriculture Appeals Office, Kilminchy Court, Portlaoise, Co. Laois, R32 DTW5 that CCTV is in operation for the security and safety of staff.