

### PARTY NAME

ADDRESS

Dear [NAME]

## VRB reference: A25/####

**Applicant: Respondent:**

### APPLICANT NAME

Repatriation Commission/ Military Rehabilitation and Compensation Commission

**Section 352(H) Notice**

The Principal Member of the VRB has received the Section 352D documents in relation to this application for review. The VRB is to review the decision of the Commission. You are a party to this review.

The VRB requests that you inform us (1) if you wish to appear at the VRB events for this application including dispute resolution events and hearings and (2) if you wish to appear, whether you intend to appear personally or by a representative.

Please provide your response within 14 days, using the attached form.

## What happens next?

Once you respond to this notice, we will contact you to start the VRB review process.

Yours sincerely,

CSO NAME

Client Service Officer

LETTER DATE

## This letter and attachment have been sent to:

APPLICANT NAME - DVA NUMBER – UIN

Repatriation Commission/ Military Rehabilitation and Compensation Commission

NWSA Registry | Phone 1800 550 460 (freecall) | Fax: 07 3815 9221

8th Floor, 480 Queen Street (Adelaide St entry) Brisbane QLD 4000 GPO Box 349 Brisbane QLD 4001 Email: [Client.Service.Officer.NWSA@vrb.gov.au](mailto:Client.Service.Officer.NWSA@vrb.gov.au)



**Section 352(H) Notice – response**

|  |  |
| --- | --- |
| **APPLICATION AND PARTY DETAILS** | |
| **VRB reference:** |  |
| **Applicant:** |  |
| **Respondent:** |  |

**The following information is provided by:**

|  |  |
| --- | --- |
| Applicant ☐ | Respondent ☐ |

# REPRESENTATION

**[ ] The party will NOT be represented**

**[ ] The party APPOINTS a representative whose details are provided below:**

|  |  |
| --- | --- |
| Name of Representative: |  |
| Organisation: |  |
| Postal Address: |  |
| Email: |  |
| Phone: |  |

# APPEARANCE

## [ ] The party will APPEAR at VRB events including dispute resolution events and hearings.

**[ ] The party will NOT appear at VRB events including dispute resolution events and hearings.**

# CONTACT BY E-MAIL

[ ] Please tick this box if you give consent for the VRB to send all correspondence by email.

**Your email address:**

|  |  |
| --- | --- |
| **Signature** |  |
| **Date** |  |

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