



Real Estate Agents Disciplinary Tribunal

For more information visit www.justice.govt.nz/tribunals

READT no: _____

(READT use only)

Notice of Appeal

Against Determination of Complaints Assessment Committee
of the Real Estate Agents Authority



What is this form for?

Use this form to appeal a determination of a Complaints Assessment Committee of the Real Estate Agents Authority.

Important Information

1. Please print in CAPITAL LETTERS.
2. You need to submit this application, by post or in person to the Real Estate Agents Disciplinary Tribunal (the Tribunal). The address is at the end of this form.
3. You need to send a copy of this form to the Other Party (Part 3) and the Complaints Assessment Committee.
4. Please refer to the '**Guide to Lodging an Appeal**' when completing this form. Available at www.justice.govt.nz/tribunals.
5. You must attach a copy of the determination you are appealing.
6. If your address or contact details change you must give written notice to the Tribunal and other parties to the appeal.
7. If your representative's address or contact details change you must give written notice to the Tribunal and other parties to the appeal.

Please fill in all sections below

Part 1: Appellant (person appealing the determination)

Please tick your status in the original complaint

I was the licensee

I was the complainant

Surname(s)

First name(s)

Company name (if applicable)

Contact details

Address for service (this cannot be a PO Box)

Post code

Daytime contact phone number ()

Mobile

Email address

Part 2: Representation

If you wish to be represented, please complete the following

Please note: If you choose to be represented, all communication will be to your nominated person only.

Name

Company name (if applicable)

Is your representative a lawyer? (Please tick one)

Yes

No (you will need to complete an 'Authority to Act' form available at www.justice.govt.nz/tribunals, or by phoning the Tribunal).

Contact details

Address for service (this cannot be a PO Box)

Post code

Daytime contact phone number ()

Mobile

Email address

Part 3: Other party (the 'other party' to the determination you are appealing)

Please tick their status in the original complaint

They were the licensee

They were the complainant

Surname(s)

First name(s)

Company name (if applicable)

Contact details

Address for service (this cannot be a PO Box)

Post code

Daytime contact phone number ()

Mobile

Email address

Part 4: Determination

Complaints Assessment Committee number

Date of determination / / (day / month / year)

Reference number

