Financial Services Tribunal

Ontario

Form 2 - Notice of Appeal

For hearings before the Financial Services Tribunal

To appeal a decision or order of the Chief Executive Officer of the Financial Services Regulatory Authority of Ontario, you must complete and file this form with the Registrar, Financial Services Tribunal, by mailing or delivering this form to 25 Sheppard Ave W, 7th Floor, Suite 100, Toronto, Ontario, M2N 6S6, or by sending this form by e-mail to contact@fstontario.ca, or faxing it to (416) 226-7750.

Information that you file with the Tribunal in connection with this matter will be available to all parties to the proceeding and will become part of the public record. When filing material with the Tribunal you may wish to consider protecting the privacy of individuals by removing social insurance numbers and other personal identifiers. Please refer to *Information For Parties With Privacy Concerns* at www.fstontario.ca. Tribunal hearings are open to the Public unless the Tribunal orders otherwise. The Tribunal's decisions are posted publicly on the internet.

You may represent yourself before the Financial Services Tribunal or you may be represented by someone who is licensed under the *Law Society Act* to practice law or to provide legal services in Ontario (i.e., a lawyer or paralegal) or by someone who is not required to be licensed under that Act (e.g., a trade union representative or a friend helping out on a voluntary basis). If you are not sure whether or not a person can act as your representative (e.g., he or she is not a lawyer or a licensed paralegal), you should contact the Law Society of Ontario: (416) 947-3300, or 1-800-668-7380, or lawsociety@lso.ca. The Financial Services Tribunal cannot assist you in obtaining representation and cannot provide you with information about the authority or licence status of a representative.

Appellants should review the FST Guide to Regulatory Proceedings posted on the FST website at https://www.fstontario.ca/en/proceedings/index.html.

Note: You are required to fill out **all** sections of this form as completely as possible. Incomplete forms may be returned and may not be processed until they have been properly completed.

Tribunal File Number (Office Use Only)

Appellant's Name and Address

Last Name | First Name

Company Name or Organization

Street Address | Apt./Unit

City | Province | Postal Code/ZIP

Phone Number | Ext. | Fax Number | Email Address

Appellant's Representative (if any)

Last Name	First Name

Firm	

Street Address	Apt./Unit

City	Province	Postal Code/ZIP

Phone Number	Ext.	Fax Number	Email Address

The Representative is:

- ◯ Lawyer
- ◯ Paralegal licensed to provide legal service
- ◯ Not required to be licensed under the Law Society Act and its By-Laws

Date of Decision or Order Being Appealed

You must attach a copy of the Decision or Order being appealed.

Date of Decision or Order being appealed

Reasons for Appeal

Provide the reasons why you think the decision or order is wrong. Use point form if desired. Please be as specific as possible in referring to the statutory provisions relevant to your case. (Attach additional pages if you need more space).

What do you want the Tribunal to decide or order?

Explain as precisely as possible in what decision you want the Tribunal to make. Use point form if desired.

Parties Before the CEO

Parties before the CEO.

Other Interested Persons

Other persons who may be affected by an order or decision of the Tribunal in this case.

French and Accessibility Requirements

A person has the right to communicate with the Registrar's office and at hearings in French as provided in the *French Language Services Act*. If a person intends to communicate in French as a party in a proceeding, the person shall indicate this intention in the Request for Hearing or in a letter filed with the Registrar as early as is practicable.

Do you intend to communicate in French?

- ◯ Yes
- ◯ No

Do you have any accessibility requirements for the proceeding? (e.g., wheel chair access, sign language interpreter, visual aids or any other accommodation)

- ◯ Yes
- ◯ No

If yes, please describe

Signature

Appellant Name (please print)	Appellant Signature	Date (yyyy-mm-dd)

Representative Name (please print)	Representative Signature	Date (yyyy-mm-dd)

The personal information requested on this form is necessary for the proper administration of a lawfully authorized activity and is collected under the authority of the *Financial Services Tribunal Act, 2017*. This information will be used for the purposes of the proceeding and will be available to all parties in the proceeding and will become part of the public record. Any questions about the collection and use of your personal information may be directed to the Registrar by telephone 1-800-668-0128 or 416-590-7294, e-mail (contact@fstontario.ca) or fax at (416) 226-7750.

Print Form | Reset Form | Save | Submit by Email