

**NOTICE OF APPEAL**  
**[FOR APPEALS TO MINISTER ARISING FROM PART 4 OF THE ONLINE  
CRIMINAL HARMS ACT 2023 (DESIGNATED ONLINE SERVICES)]**

**To: Appeals Secretary**

**1. Particulars of Appellant**

*Please indicate details in (a) or (b), based on whether appellant is an individual or not an individual (i.e. an entity).*

**a. If appellant is an individual:**

<b>Full Name:</b>  Please <u>underline</u> last name.	
<b>NRIC/Passport Number/Other Identity Document:</b>	
<b>Nationality:</b>	
<b>Address:</b>	
<b>Contact Number:</b>	

**b. If appellant is not an individual:**

<b>Name of Entity:</b>  Please state the full name of the entity.	
<b>Place the Entity was Incorporated/Registered:</b>	
<b>Unique Entity Number (UEN):</b>	

## 2. Particulars of Appellant's Authorised Representative

*If Appellant is not an individual, you must provide the particulars of an authorised representative. If Appellant is an individual, please indicate "NA" in the Full Name field below if you do not have an authorised representative. The authorised representative must be an individual.*

<b>Full Name:</b> Please <u>underline</u> last name.	
<b>NRIC/Passport Number/Other Identity Document:</b>	
<b>Nationality:</b>	
<b>Address:</b>	
<b>Contact Number:</b>	
<b>Proof of Authorisation</b> Please attach the proof of authorisation and name the file in the following format: Appeal_AR	

## 3. Address for Service of Documents

*These will be used by the Secretary for the service of documents.*

<b>Email Address:</b>	
<b>Address:</b> Must be an address in Singapore	

## DETAILS OF APPEAL

### 4. Decision or requirement appealed against

You may only select one of the checkboxes and fill in the relevant details. Each form should only contain one decision or requirement that is to be appealed against.

<input type="checkbox"/>	<b>A decision to designate an online service as a designated online service under section 20(1)</b>  (a) Reference number of the notice of designation issued by the Competent Authority:  (b) Date the designation takes effect: (DD/MM/YYYY)  (c) The online service whose designation is being appealed against:
<input type="checkbox"/>	<b>A decision to give a code application notice to a designated provider under section 22(1)</b>  (a) Reference number of the code application notice issued by the Competent Authority:  (b) Date of service of the code application notice: (DD/MM/YYYY)
<input type="checkbox"/>	<b>A requirement in a code of practice applicable to a designated provider issued under section 21(1) or varied under section 21(2)</b>  (a) Reference number of the code application notice issued by the Competent Authority:  (b) Specific code of practice that is being appealed against:  (c) Specific requirement(s) in the code of practice that is being appealed against:  (d) Date the requirement(s) in code of practice takes effect: (DD/MM/YYYY)

<input type="checkbox"/>	<b>A requirement in an implementation directive given under section 24(1) or a substitute implementation directive given under section 24(5)(b)</b>
	<p>(a) Reference number of the implementation directive issued by the Competent Authority:</p> <p>(b) Date of service of the implementation directive: (DD/MM/YYYY)</p> <p>(c) Specific requirement in the implementation directive or substitute implementation directive that is being appealed against:</p>

**5. Issues and Grounds for Appeal**

*Please state as concisely as possible the circumstances under which the appeal arises, and the issues and grounds for the appeal.*

## 6. Arguments for Appeal

Please set out the relevant facts, evidence and arguments for the appeal. You may also attach supporting documents in Part 7 below. If you are attaching any supporting documents, please state which supporting document relates to the fact/ evidence/ argument in question.

## 7. Attachments

Please attach the following documents for this appeal in the email to be addressed to the Secretary of OCHA Appeals. Please tick accordingly to indicate attachments included in the email. You may add on more rows in the table below where relevant.

	S/N	Description of Attachment
<input type="checkbox"/>	<b>File 1</b>	<b>(MANDATORY)</b>  Proof of authorisation of representative
<input type="checkbox"/>	<b>File 2</b>	<b>(MANDATORY)</b>  Copy of the notice of designation as a designated online service under section 20(1) of the Act
<input type="checkbox"/>	<b>File 3</b>	<b>(WHERE RELEVANT)</b>  Copy of the code application notice issued to appellant
<input type="checkbox"/>	<b>File 4</b>	<b>(WHERE RELEVANT)</b>  Copy of the implementation directive or substitute implementation directive issued to appellant
<input type="checkbox"/>	<b>File 5</b>	<i>(Any other supporting documents – Please indicate description of supporting document.)</i>

## DECLARATION

I declare that all the information provided by me in this form is true and accurate. I acknowledge that if any of the information provided by me in this form is false or inaccurate, I will be liable to prosecution for providing false information under the Penal Code.

<b>Person submitting this form</b>	<input type="checkbox"/> Appellant <input type="checkbox"/> Appellant's Authorised Representative
<b>Name</b>	
<b>Signature</b>	
<b>Date</b>	

<b>For Secretary's Internal Use Only</b>	
<b>Date Received:</b>	
<b>Appeal Serial Number:</b>	