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|  | **TO:**MINISTRY OF MIGRATION AND ASYLUM GENERAL SECRETARIAT FOR MIGRATION POLICY APPEALS AUTHORITYThivon Avenue 196 – 198, 182 33 Ag. Ioannis Rentis, Nikaia |
| **Last name :** **Name:** **Birth date:****Address:** **Phone number:** **E-mail:** | Please expedite the examination procedure of my appeal / issuance of the second instance decision on my appeal due to: Vulnerability Other:……………………………………………….I am attaching the following:  Medical document  Other:………………………………………….……. |
| **Case Number:** **File number:** **Appeals Committee:** | The Applicant [SIGNATURE]………………………… |
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**Application for expedited appeal process / issuance of decision**