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|  | **TO:**  MINISTRY OF MIGRATION AND ASYLUM  GENERAL SECRETARIAT FOR MIGRATION POLICY  APPEALS AUTHORITY  Thivon 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**