

From: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Protest Form

<b>Name, First Name:</b>	
<b>Date of Birth:</b>	
<b>Nationality:</b>	
<b>IWBF ID number:</b>	
<b>Current classification:</b>	
<b>Proposed classification:</b>	

**Rationale for the request:**

**Name & signature of person in charge of National Classification:**