



Submit Completed Form

THE APPEAL COMMISSION
THE WORKERS COMPENSATION ACT OF MANITOBA

NOTICE OF WITHDRAWAL

Name: _____ Claim/Firm Number: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Telephone (home): _____ (work) _____ Email: _____

I withdraw my appeal with The Appeal Commission of Manitoba. I understand this means the Appeal Commission will not make a decision on my appeal and the WCB decision I appealed will remain in effect.

Signature

Date

Print Full Name

Appeal may be withdrawn

A party may withdraw an appeal at any time.

Filing the Notice

A party who withdraws an appeal must file a copy of the notice with the Appeal Commission.

Notifying the other parties

A party who withdraws an appeal must provide notice of this on all persons with a direct interest who are participating in the appeal.