



THE APPEAL COMMISSION

THE WORKERS COMPENSATION ACT OF MANITOBA

NOTICE OF CANCELLATION

Name: _____ Claim/Firm Number: _____

Address: _____

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

Telephone (home): _____ (cell) _____ Email: _____

I cancel 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 cancelled

A party may cancel an appeal at any time until a decision is provided.

Filing the Notice

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