



**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### **Appeal may be withdrawn**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.