

- Clearly Identify the grounds for the protest. If possible, provide the specific reference to the sport class and/or the eligibility criteria, and report to the relevant article(s) of the classification rules and regulations.

only for IBSA use

To be filled by the National Federation (or the representative person in case of II. A)

I – EVENT AND ATHLETE INFORMATION

EVENT / COMPETITION: _____	SPORT: JUDO
LOCATION: _____	COUNTRY: _____
CLASSIFICATION DAY: dd / mm / yyyy	COMPETITION DATES: dd / mm / yyyy

Athlete (as in National Identification Card or Passport, to show at the Classification Panel) (copy from MDF)

Last name(s): _____ First name: _____

Gender: Female Male Date of Birth: dd / mm / yyyy Nationality: _____

Sport: **Judo** Registry N°: NPC/NF: _____, ISAS (IBSA): _____, SDMS (IPC): _____

II – PROTEST LAUNCHED BY

Sport: Judo

A - National Federation with the athlete jurisdiction:> _____

Representative person: Name: _____

Signature: _____ Date: dd / mm / yyyy Hour: ____:____ min.

B - Other:> _____

Representative person: Name: _____

Signature: _____ Date: dd / mm / yyyy

III – PROTESTED FACT

- A - Protest about Athlete Classification Class /Final Panel Decision** (The Protest Form must be given to the Chief Classifier, or the designated person, within 1 hour after the first list with the athlete classification decision have been posted)
- B - Protest about Athlete Excluded from Classification Schedule** (The Protest Form must be sent by mail to IBSA Assist (ibsaassist@gmail.com) within 48 hours after the exclusion was communicated to the Federation by an IBSA mail. The sending hour applies)

IV – CURRENT ATHLETE’S INTERNATIONAL CLASSIFICATION

CLASS: J1 J2 NE > 1st / 2nd panel **New** **CNC**

STATUS: Confirmed Review (next time) Review year _____ **CT**

Note: Only Class: J1 or J2 can be protested. New, NE, CNC and Status cannot be protested

V – FEE

Fee amount: 100€ (Euros) **US Dollars** > _____ \$ Fee can only be paid in Euros or US Dollars

In case of US \$ consider the last updated currency exchange value €/\$

For **III.A**, the fee must be paid **within 12 hours after the protest** was presented to the Chief Classifier (or the designated person) at the Classification event. For **III.B**, the fee must be paid to IBSA by bank transfer and the transfer proof sent by mail **within 3days** (72hrs) after the protest was sent, also by mail. (IBSA bank account **see details below**) The acceptance or the refuse of the protest can only be communicated, either by the Chief Classifier or by IBSA after the Fee was effectively received.

If **III.A: Fee Received** (the above amount) Date: dd / mm / yyyy Hour: ____:____ min.

The Chief Classifier Other designated person

Name: _____ Signature: _____

After Final Decision (see VII) **A - Fee retained** **B - Fee reimbursed** Date: dd / mm / yyyy

A- I Confirm I received the above fee to send to IBSA

Name (LOC representative): _____ Signature: _____

B- I confirm the above fee was reimbursed

Name (Federation representative, II.A): _____ Signature: _____



Give to Federation representative

ATHLETE: Last name: _____ First Name: _____ ISAS n° _____

PROTEST AND FEE RECEIVED: Amount _____ **Date:** dd / mm / yyyy The Chief Classifier or designated person

Name: _____ Signature: _____

VI – REASON FOR PROTEST

Multiple horizontal lines for text entry.

VII – PROTEST RECEIVED AND DECISION

Protest received : Date: dd/ mm/ yyyy Hour: __: __ min.

The Chief Classifier Other designated person

Name: _____ Signature: _____

Decision:

Protest declined (No fee reimbursement) Reason: _____

Multiple horizontal lines for text entry.

Protest accepted, New assessment, Place: IBSA to send (Fee retained) | At the event >

Day dd / mm / yyyy
Hour __: __ min.

After the new assessment (see Classification Form):

Class changed: A- No (No fee reimbursement) B-Yes (Fee reimbursement)

Chief Classifier: _____ Signature: _____ Day dd / mm / yyyy

IBSA BANK DETAILS:

Name of Account: IBSA

Bank Deutsche Bank AG, D-53113 Bonn, Germany

SWIFT Address DEUT DE DK 380

IBAN DE76 3807 0059 0056 5499 00



A - To be retained by Federation representative | B - Give/return to Chief Classifier

A - Fee retained The Chief Classifier: signature _____

B - Fee reimbursed The Federation representative : signature _____

Date: dd/ mm/ yyyy