WCAT Workers' Compensation Appeal Tribunal

CHANGE OF NAME OR CONTACT INFORMATION

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Telephone: (604) 664-7800 Toll free: 1-800-663-2782 Fax: (604) 664-7898
Website: www.wcat.bc.ca Email Address for Filing Documents: appeals@wcat.bc.ca

Use this form to advise WCAT of a change in your address or contact information. If the appellant does not advise WCAT of any change of address, the appeal may be dismissed. If other participants do not keep WCAT informed of their address, the appeal will proceed without their participation. Note that you must also advise WorkSafeBC of your new contact information.
If you are printing this blank document and filling it in by hand, please print clearly using black or blue ink.

1. IDENTIFY THE APPEAL(S) BEFORE WCAT

Please attach an additional page if necessary.

Date of decision(s) appealed (YYYY-MM-DD)	WorkSafeBC file number(s)	WCAT appeal number(s)

2. YOUR OLD ADDRESS AND CONTACT INFORMATION

Name:	Title, company or organization (if applicable):		
Old mailing address:	City/Town:	Province:	Postal code:
Telephone (daytime): extension:	Telephone (other): extension:	Fax Number:	
Email address:			
I am the ☐ worker ☐ employer ☐ member of a deceased worker's family ☐ representative ☐ other: _____			

3. HAVE YOU CHANGED YOUR NAME?

New name:	Title, company or organization (if applicable):
You must provide documentation. Enclosed is a copy of my: ☐ change of name certificate ☐ marriage certificate ☐ birth certificate ☐ citizenship card ☐ other: _____	

4. NEW ADDRESS OR CONTACT INFORMATION

Please complete only the parts that have changed.

New mailing address:	City/Town:	Province:	Postal code:
Telephone (daytime): extension:	Telephone (other): extension:	Fax number:	
Email address:			

5. CERTIFICATION AND AUTHORIZATION

If you are filing this form by email (appeals@wcat.bc.ca), complete section a).
If you are filing this form by facsimile or Canada Post, complete section b).

☐ **a) For submitting this form by email:**
I, _____, understand that checking this box constitutes a legal signature confirming that the information on this form is correct and complete.

b) For submitting this form by facsimile or Canada Post: the form must be signed.
I confirm the information on this form is correct and complete.

Signature of party or authorized representative **Date Signed: (YYYY-MM-DD)**

X

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