



## OBJECTION TO A NOTICE OF LIABILITY TO PAY A CIVIL PENALTY FOR FAILURE TO COMPLY WITH THE BIOMETRIC REGISTRATION REGULATIONS (SECTION 10 UK BORDERS ACT 2007)

The notice of objection must be submitted on this form. It must be sent to the Secretary of State by post within thirty working days beginning with the date of the penalty notice. The address to which the objection should be sent can be found in the guidance which accompanies this form.

Further copies of this form and the accompanying guidance can be downloaded from the UKBA website at: [www.ukba.homeoffice.gov.uk](http://www.ukba.homeoffice.gov.uk)

### PERSONAL DETAILS<sup>1</sup>

Civil Penalty Notice – reference number	
Full Name of person issued with a civil penalty notice	
Date of Birth of person issued with civil penalty notice (dd/mm/yyyy)	
Current residential address including postcode	
Current e-mail address <sup>2</sup>	
Contact telephone number <sup>3</sup>	

**The first four boxes must be completed, otherwise the objection may be disregarded. The last two boxes are optional.**

<sup>1</sup> To be completed in print or using **black ink** and in **BLOCK CAPITAL LETTERING** and In English or Welsh.

<sup>2</sup> Optional – but you may find it useful to provide this information in case the team handling your objection needs to contact you.

<sup>3</sup> Optional – but you may find it useful to provide this information in case the team handling your objection needs to contact you.

## GROUNDS FOR OBJECTING TO THE CIVIL PENALTY NOTICE

<p>You, or a child for whom you are responsible, have/has not failed to comply with a requirement of the biometric registration regulations.</p>	
<p>It is unreasonable to require you to pay a penalty.</p>	
<p>The amount of the penalty is excessive.</p>	

**Please continue on a separate sheet if necessary.**

## SUPPORTING EVIDENCE

Please list any supporting evidence, including evidence of ability to pay, attached to the notice of objection.

DOCUMENT	DESCRIPTION OR TITLE OF ITEM, DOCUMENT OR EVIDENCE

In certain circumstances, where there is satisfactory evidence of financial hardship, payments may be paid in instalments, subject to prior agreement of the team handling your objection.

## APPEALS TO COUNTY OR SHERIFF COURTS

If an appeal has already made to the county or sheriff court, please state the name and address of the court, the date the appeal was submitted and any court reference number.

**SIGNATURE OF PERSON OBJECTING TO THE CIVIL PENALTY NOTICE**

**DATE OF OBJECTION (DD/MM/YYYY)**